

Dear Parent/Guardian,

On the reverse side of this letter is the *Authorization for Medication Administration* form. The form needs to be signed and dated by the student's parent or guardian and returned to school in order for the designated school health staff to give your child medications.

We do not stock medications so please send medications to school if your child will be taking any. This includes over the counter medications like Ibuprofen, Tylenol, Tums, cough drops, and eye drops. All medications must be brought to school in their original bottle.

If your child is taking a prescription medication at school, let your pharmacist know. Your pharmacist will be able to provide you with an extra labeled prescription bottle so you will have one for school and one for home. We also need a **SIGNED PHYSICIAN'S ORDER** to give prescription medications. The attached form can be used to provide this information or your doctor could provide one from their office with the same information.

Please note: We need a new form filled out and signed each new school year.

Thank you.

Authorization for Medication Administration by School Personnel

(All authorizations expire at the end of the school year or at the end of Extended School Year summer school programs)

Student Name _____ DOB _____

School: _____ School Year _____ Grade _____

I am giving school personnel permission to administer medications to my child per the following Parent and/or Physician release.

Medical Condition	Medication	Strength mg/ml	Dose/ Quantity	Time	Route (mouth, etc.)	Start/End Date

Special Instructions:

Licensed Prescriber name _____

Signature of Licensed Prescriber _____

Clinic _____ Phone/Fax _____

_____ My son/daughter may self-administer his/her inhaler/Epi-pen if appropriate as assessed by the School Nurse.

I understand I am responsible to provide this medication in the original container and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medications left at school will be discarded.

Parent/Guardian Signature _____

Date _____