



Student Support Services

Medication Administration Authorization Form

Student Name _____ DOB _____

Grade _____ School/Teacher _____

Medication Requirements

- Medications must be dropped off by a parent/guardian/adult.
- Forms for prescription medications must have the provider's signature. Controlled substances will be counted with the nurse upon arrival to the clinic.
- All medications must be in an original, properly labeled container with pharmacy prescription label, if applicable, and not expired.
- Parents are responsible for providing refills of the medication.
- Any medications not collected at the end of the school year will be discarded.
- Medication forms are valid for the current school year only.

Medication _____

Dose _____ Route (oral, nasal, injection, etc.) _____

Time(s) to be given _____ End date _____

Comments or special instructions _____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____