

## **MEDICAL AUTHORIZATION**

**Students taking medication under a physician's prescription during school hours must have the prescription registered in the building administrator's office. Parents must give permission for the school administrator or his/her designated representative to administer the medicine prescribed by the physician. The parent must furnish the appropriate amount of medicine.**

I authorize \_\_\_\_\_ to administer to my child,  
\_\_\_\_\_, the following prescribed medication  
(Child's Full Name)

(Complete copy of pharmacist's label on medication).

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Physical description of the medicine (color, shape, and size).

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Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorization:

Parent/Guardian: \_\_\_\_\_  
Signature Date

Physician: \_\_\_\_\_  
Signature Date

Witness: \_\_\_\_\_  
Signature Date