

Student Health & Medication Authorization Form

Complete all sections of this form and submit to the school office if your child has an ongoing health issue and/or requires medication.

Medication Authorization (please print)	
Student's name:	Any other health conditions:
Birthdate: F	Check here if this medicine is ONLY for a field trip. Name/location/date of field
Grade: HR Teacher:	trip:
Condition requiring medicine:	
Name of medicine:	I authorize the principal or his/her designee to give medicine to my child according to the label directions.
osage:	I authorize the principal or his/her designee to contact my child's physician if additional information regarding
Route (circle one): by mouth; in eye (Right, Left, both); in ear (Right, Left, both); topical; other	medication is needed.
nstructions:	Parent/Guardian Signature Date
	tially a second to a loss sive medicine decay at home
Storage requirements: none refrigerate	*When possible, please give medicine doses at home before or after school. The first dose of a new medication should be given at home so parents can monitor for potential side effects or adverse reactions.*
Side effects:	
Physician:	PLEASE NOTE
Physician phone:	The principal or his/her designee will dispense medicine to students according to the following guidelines:
Parent/Guardian:	Medicine cannot be given without written permission and instructions from the parent/guardian. <u>A new Medication</u> <u>Authorization must be completed whenever a new medicine conew dosage is to be given to the student.</u>
Parent/Guardian phone: Home#	
Nork#Cell#	
Other#	The parent must bring medicine and related equipment to the principal or his/her designee. The student must not be in possession of medicine unless approved by the principal. All medication must be kept in the school office.
Student Health Information	
Does your child have ANY history of (check all that apply):	Prescription medicine, including inhalers, must be in the original labeled container. (Please ask your pharmacist for an extra label to be place on the inhaler itself). Over-the-counter medicine must be in the original unopened container and marked with the student's name. Sample medications can onl be given when accompanied by a note signed by the physicia indicating sample medicine is for the student's use and with medicine administration directions.
Allergies Asthma	
Food Allergies Seizures	
DiabetesCancer	
Sickle Cell Disease Physical Impairment	
Give details:	The parent should pick up unused medicine from the principal
Does your child (check all that apply):	or his/her designee. Any medicine not picked up will be discarded at the end of each school year. Medicine will not be
Use an inhaler Frequency	sent home with the student.
Use an EpiPen	If the student is injured or becomes ill while at school, the principal or his/her designee will attempt to notify the parent/guardian and act according to their directions. If the parent cannot be reached, the principal will take the actions necessary to protect the health and well-being of the student.
Take prescribed medication(s) routinely	
Require special seating in the classroom	
Have any condition that limits participation in P.E. Give details:	

To be completed by School Personnel: Date received:_____ Name of Medication: Form Rev 5/2016
____ # doses received (prescription meds):_____

Medicine picked up FROM school by: