

**Department of Catholic Schools
Diocese of Wheeling-Charleston**

MEDICATION ADMINISTRATION AUTHORIZATION FORM

Medications should be administered to students by their parents/guardians at home whenever possible. In the event this is not possible, consent must be given and the following form completed.
For Prescription Medications and Over the Counter Medication, parent/guardian and physician written authorization are required.

Physician Completes This Section (Please Print):

Student's Name: _____

School: _____

Birthdate _____ Age: _____ Grade: _____ Allergies: _____

Name of Medication: _____ Dosage to be given: _____

Time/frequency to be administered: _____ Route/Mode (i.e. oral, inhale) _____

Other recommendations/Side Effects/Special Considerations: _____

Diagnosis/Medical reason for medicine: _____

X _____ Date: _____ Phone: _____
(Physician/Health Care Provider Signature)

Parent/Guardian Authorization

1. I request that the above medication be given to my child during school hours as ordered by his or her physician/health care provider.
2. I will immediately notify the school of any change in the medication or physician/health care provider order, dosage change, frequency, or duration of administration.
3. I will provide the prescription medication in the original container from the pharmacy with label affixed: name of the medication, reason(s) for the medication, dosage, time and route, reconstitution directions (if applicable), and date that the prescription and/or medication expires.
4. I will provide over the counter medication in the original manufacturer's bottle and include: student's name affixed to the bottle, name of the medication, reason(s) for the medication, dosage, time and route, reconstitution directions (if applicable), and date that the medication expires.
5. I will pick up any unused portion of medication within 30 days of discontinued date or by the last day of school.
6. I give permission for designated school personnel to administer the medication.
7. I give permission for designated school personnel to administer the medication on a field trip or school activity as ordered.
8. I release all school personnel harmless for any and all liability for damages or injury resulting directly or indirectly from the presence of medication in the school or its use by my child.

_____ Date: _____ Phone: _____
(Parent/Guardian Signature)