



MEDICATION AUTHORIZATION FORM

It is our policy that (Rx) prescription and (OTC) over-the-counter medication should be administered in the home when at all possible. However, under certain circumstances, it is in the best interest of the student to take prescribed or OTC medication during school time. In these cases, the doctor must direct that prescription or OTC medication be given during school hours. The request below **MUST** be on file in the **SCHOOL OFFICE** with both the doctor and the parent/guardian signatures directing the administration of the medication. The medicine must be brought to the **SCHOOL OFFICE** in the original container that includes all prescription or OTC information. The parent/guardian **MUST** assume responsibility for informing the school (in writing) of any **CHANGE** in the student's health or **CHANGE** in medication. The prescribed or OTC medication will be kept in the **SCHOOL OFFICE** and the student is responsible for coming to the **SCHOOL OFFICE** to take the medication.

PARENT PERMISSION

DATE: _____

Student: _____ Birth date: _____

Address: _____

MEDICATION: _____

DOSE: _____ TIME OF ADMINISTRATION AT SCHOOL: _____

I hereby state that the information above is accurate and give permissions to **MARIAN CENTRAL CATHOLIC HIGH SCHOOL** personnel to administer the medication identified to the above-named student.

Parent/Guardian Signature: _____

Home Phone: _____ Work Phone: _____

PHYSICIAN'S ORDERS

MEDICATION: _____ DOSE: _____ TIME: _____

DURATION -- From (date) _____ to (date) _____

REASON FOR MEDICATION PRESCRIBED: _____

POSSIBLE SIDE EFFECTS: _____

Physician's Signature: _____ Date: _____ Phone: _____