



PRESCRIPTION MEDICATION AUTHORIZATION FORM

Administration of prescription medication at school requires consent of the parent/legal guardian **and** order and signature of a physician before medication can be given to a student by school personnel. The following information is necessary for compliance to state and school policies. Please complete this form in order for St. Susanna staff to provide effective care for your child. **One form per child and one form per medication is required. All items must be completed in full** . This form is only valid for the 2025-2026 school year.

PLEASE TYPE OR PRINT CLEARLY

STUDENT NAME: _____ DATE OF BIRTH: _____

HOMEROOM: _____ AGE: _____ WEIGHT: _____

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN

The student above is under my medical care and is prescribed:

MEDICATION NAME: _____

☐ BY MOUTH ☐ TOPICAL

DOSAGE: _____ ROUTE: ☐ INHALATION ☐ INJECTION TIME/FREQ: _____

SPECIFIC INSTRUCTIONS FOR ADMINISTRATION/STORAGE:

ADVERSE REACTIONS THAT SHOULD BE REPORTED TO THE PHYSICIAN:

EFFECTIVE DATE OF ADMINISTRATION: _____ EXPIRATION DATE OF ADMINISTRATION: _____

Physician Name (*Print*)

Contact Number

Physician Signature

Date

FOR PARENT/GUARDIAN

I have reviewed the above information and authorize medication administration as stated. I give permission for school staff to contact the prescriber regarding the administration of this medication. I further agree to the following:

1. Deliver the medication in the original pharmacy labeled container including the student's name, medication name, dosage directions and physician's name.
2. Notify school staff in writing with the physician's signature of any changes (i.e route, dosage, time) or discontinuation of the above medication.
3. Understand it is the student's primary responsibility, not school personnel, to remember to take the medication.
4. Release St. Susanna and its designated personnel from any liability concerning the administration or non-administration of the prescribed medication to the student.

Parent/Guardian Name (*Print*)

Contact Number

Parent/Guardian Signature

Date