

School Medication Authorization Form

PURPOSE	To ensure that written procedures are established and maintained regarding physician’s instructions and written parent/guardian authorization for all medications administered by staff.
WHO/WHEN COMPLETED:	This form should be completed by child’s health care provider and parent, prior to enrollment or upon knowledge that a child may need medication administered at school.
HOW TO FILL IT OUT:	Staff will write name of child, DOB, Center, Phone and Fax # at top of the form. Health Care Provider will complete section: Physicians Order. Parent will complete section titled “To be Completed by Parent” before giving to health care provider.
CHILD PLUS DATA ENTRY:	N/A
WHERE TO FILE:	A copy of this form will be sent to Nurse Consultant, and the original form with parent/health care provider signature will be kept in child’s file.
IMPORTANT NOTES:	Parent letter for Medication Administration should be given to parent along with the School Medication may not be administered without completion of this form. Medication may not be administered without completion of this form. Over-the-counter medications other than sunscreen and diaper ointment must have a health care providers signature in order to administer at center.