

Authorization for Medication

TO: School Personnel at _____
(school name)

RE: Administration of Medication to _____
(student's name)

This notice is to inform you that _____, a student in your school is currently under my medical care and as a part of that care, this student must receive medication known as _____ in accordance with the following instructions on dosage and administration.

I request and authorize you to administer this medication in accordance with the above instructions. These instructions remain in force until _____ unless you are otherwise notified by me. Problems concerning administration of this medication can be referred to me at:

Address _____

Telephone _____

Date _____ Physician's signature _____

.....
Parent authorization

We, as the parents of _____, request authorization from the Physician and give written permission to you, the school, to administer the medication described above in accordance with the instructions provided. We agree to notify you immediately of any change in circumstances concerning administration of this medication. My Physician has permission to fax medication information to my child's school as appropriate.

Parent signature _____

Address _____

Date _____ Telephone _____