Central Lyon Student Medication Authorization Form • School Year: ________

For Medication Brought From Home to be Given at School

Student's Name: ___________________________________ DOB: ___________ Grade: _____

OVER THE COUNTER (OTC) MEDICATIONS*

Name of medication:_______________________________ **Dosage of medication**:__________________

Reason for medication:_____________________________ **Route**: □Oral □Topical □Ear □Other:______

Times to be administered at school/frequency:_____________________ **Dates to be given**:_________

**This includes but is not limited to medications such as acetaminophen, ibuprofen, antacids, cough drops, cough syrup, antihistamines, pain gel, and ointments. Complete a separate form for each OTC medication.*

OTC medications must be FDA-approved, brought in the original bottle with label directions intact and accompanied by parental/guardian permission (this signed form) in order to be administered. Medication will only be given per label indication and dosed according to age/label instruction. If not picked up by parent, unused medication will be disposed of upon expiration of medication or at the end of the current school year, whichever comes first.

I hereby give consent for my child, the above named student, to take the above-described over the counter medication and authorize that they have not experienced side effects from this medication.

Parent/Guardian Signature:____ *Date*:_____________

PRESCRIPTION MEDICATIONS*

Name of medication:________________________________ **Dosage of medication**:_________________

Medical condition/reason for medication:______________**Route**: □Oral □Topical □Ear □Other:______

Times to be administered at school/frequency:____

Please note that medications to be given 3 times a day (example: antibiotic) should be given at home - before school, after school and before bed.

Times given at home:________________ **Other medications given at home**:______________________

**Medications prescribed by a medical provider. Complete a separate form for each prescription medication.*

Prescription medications must be FDA-approved, brought in the **current** prescription bottle with the pharmacy label intact and accompanied by parental/guardian permission (this completed/signed form) in order to be administered.

I hereby give consent for my child, the above named student, to take the above prescribed medication at school or on a field trip as directed by the physician. I give consent for the school to contact or exchange information as needed with my child's provider and/or pharmacy involved with the treatment of care. This information will be shared only with appropriate school personnel who need to know. If not picked up by parent, unused medication will be disposed of upon expiration of medication or at the end of the current school year, whichever comes first.

Parent/Guardian Signature:____ *Date*:_____________

The above named student requires the prescribed medication at school, to be given only as directed on the original, current prescription label on the container. I have reviewed discussed side effects with the student and/or guadian. I understand I may be contacted to clarify any dosing concerns.

Physician Signature:____ *Date*:_____________

Physician Printed Name:____ *Phone*: __________________