Medication Authorization and Administration Record

All medications may only be administered upon written approval of a parent or guardian. Prescription medications shall be non-expired and administered only as directed on the label. Medications must be in their original container. Container must have the patient's name.

Child's Name _____ Date _____

I request and authorize that the above-named student be administered the below identified medication in accordance with the instruction indicated below from _____ to _____ date (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Name of Medication _____

Time of administration _____

Amount of each dose _____

Method of administration _____
(ie: mouth, ear, nose, skin)

Special instruction _____
(ie: refrigerate, give with meals)

Staff: Review the safety check list before administering medication.

1. Is this form complete?
2. Is the medication in its original container?
3. Is the original prescription label on the container?
4. Is the name of this child on the container?
5. Is the medication expired?
6. Is the label consistent with this sheet?

Medication can only be administer if ALL answers are yes.

Possible side effects of the medication _____

Emergency procedure in case of serious side effects _____

Parent Signature _____ Date _____

Date Given	Safety Check Performed	Time	Amount Given	Comments (ie: refusal, side effects)	Staff Member Initials

Staff Member Signature _____