MEDICATION AUTHORIZATION AND ADMINISTRATION RECORD
2011-2012

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. All containers 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 instructions indicated below for the following dates:

FROM:_____**TO:**_____
(DATES NOT TO EXCEED THE CURRENT SCHOOL YEAR)

NAME OF MEDICATION:_____

TIME OF ADMINISTRATION:_____

AMOUNT OF EACH DOSE: _____

METHOD OF ADMINISTRATION:_____
(MOUTH, EAR, NOSE, SKIN)

SPECIAL INSTRUCTIONS:_____
(REFRIGERATE, GIVE WITH FOOD)

POSSIBLE SIDE EFFECTS OF THE MEDICATION:_____

EMERGENCY PROCEDURE IN CASE OF SIDE EFFECTS:_____

PARENT SIGNATURE:_____**DATE:**_____

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 ADMINISTERED IF ALL ANSWERS ARE YES.

DATE GIVEN	*SAFEETY CHECK PERFORMED*	*TIME*	*AMOUNT GIVEN*	*COMMENTS*	*STAFF INITIALS*