

Authorization For Non-Prescription/Over-the-Counter Medication at School

- A separate form for each medication must be completed.
- Medication must be brought to the health room by the parent or responsible adult. Do not send medication with a student, unless the school nurse has been notified.
- Medication should routinely be given at home before or after school whenever possible.
- Medication must be provided in a new, unopened container with the manufacturer's label intact (smaller containers preferred).
- Medication will not be administered without this completed form, including parent/guardian signature.

Student's Legal Name:		Date of Birth:	
Current Weight: (in lbs.)		List Allergies:	
Name of Medication:		Purpose of Medication at School:	
Dose: example: 100 mg (dose may not exceed manufacturer's direction)		For Liquid Medication Only:	
		Dose= _____ ml	
Frequency (may not exceed manufacturer's direction):		Route: (PO, sublingual)	
Date to Start Medication:		Date to Stop Medication:	
List Possible Side Effects:			

Parents/Legal Guardians Please Read Carefully:

By signing below, I understand and agree to the following:

- I understand that all prescribed medications will be provided in a new, unopened container with the manufacturer's label intact and labeled with the child's name.
- I give permission for the school nurse(s), and/or designated staff to share this information with individuals who have responsibility for my child.
- The first dose of any new medication will be given at home so that I can monitor for adverse reactions.
- I give the school nurse my permission to contact the above-named Licensed Healthcare Provider and prescribing pharmacy in relation to this prescription medication.
- I am responsible for replacing medication before the expiration date.
- I give my permission for the school nurse or designated BJA staff to administer this medication to my child as directed by the manufacturer, according to school policies.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Printed Name: _____ Daytime Phone Number: _____

This form is only valid if signed on or after July 1st for the upcoming school year.