

# Student Medication Authorization Form

## Student Information

Student Name

Date of Birth

Grade

School

## Medication Information

Medication Name

Dosage

Time(s) to Administer

Route (e.g., oral, topical)

Reason for Medication

Special Instructions

## Parent/Guardian Authorization

Parent/Guardian Name

Signature

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Date

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## Physician Information & Authorization (if required)

Physician Name

Phone/Fax

Physician Signature

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Date

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