

# Student Medication Authorization Form

## Student Information

Student Name

Date of Birth

Grade

Homeroom Teacher

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

## Medication Information

Medication Name

Dosage

Time(s) to be Administered

Method of Administration

Reason for Medication

Special Instructions

**Authorization**

I authorize the school personnel to administer the above medication to my child as directed.

Parent/Guardian Signature

Date

**Physician Authorization (if required)**

Physician Name

Physician Phone

Physician Signature

Date