

ORANGE COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR MEDICATION
Prescription and Non Prescription

My permission is hereby granted to _____
School

To assist _____ in taking the
Full Name of Student

Prescribed medication described below:

Name of Prescription Medication . . . _____

Name of Prescribing Physician _____

Directions for Administering _____

Amount to be given / Dosage _____

Time(s) to be given _____

Date to begin _____ To Stop _____

Explain the necessity for the prescribed
medication to be provided
during the school day _____

Possible Reaction to medication _____

It is hereby understood by the undersigned that school personnel are not held liable for the administration for the above medication or for its possible side effects.

Medication is to be brought in its original pharmacy container. Duplicate container can usually be obtained from the pharmacist for home storage if needed. For safety and security reasons, it is recommended that medication be brought to school by the parent / guardian, not sent to school by the child.

Signature of parent / guardian

Date

Home Phone

Work Phone