

**MEDICATION AUTHORIZATION FORM**

District 227 recognizes that some students may require the administration of medication during the school hours. All medications (both prescription and non-prescription) will be administered by the school nurse. In order for your student to receive medication in school, the District 227 Medication Authorization Form must be completed by both the attending physician and the parents.

Medication must be brought in the original prescription or non-prescription bottle, properly labeled, to be kept in the School Nurse's office. No medication in plastic bags or unlabeled containers will be accepted.

**PHYSICIAN'S ORDERS**

Students Name: \_\_\_\_\_ Date:

**PHYSICIAN'S ORDERS:** (To be filled out by the Attending Doctor - Please Print)

Medication	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for prescription medication: \_\_\_\_\_

Prescription date: \_\_\_\_\_ Discontinuation date: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other medications being received: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I hereby authorize the school nurse to administer, as prescribed, the above medication(s) during school hours.

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_