



Authorization for Administration of Medication

Child's Name: _____ Date: _____

Medication: _____ Dosage: _____

Start Date: _____ End Date: _____

Last Dose Given: _____ Medication Expiration: _____

Method of administration: _____ Time of administration: _____

Condition for which given: _____

Does this medication need to be refrigerated? Yes No

Parent Signature: _____ Date: _____

Note: A parent must give the first dose of any medication in case the student is sensitive to the drug. The original container, labeled with the child's full name, is required for all medication. Written authorization from a medical professional is required for OTC medication necessary for more than 3 days.