St. Stanislaus Kostka Academy

Faith Virtue Valor
Est. 1874

MEDICATION ADMINISTRATION AUTHORIZATION FORM
This form is only valid for 2020-2021 school year

* This form is required for all medication, including non-prescription (**over-the-counter**) medication.

* No prescription medication will be administered without both the prescriber's and the parent/guardian's signatures.

* Over-the-Counter medication will be administered with parent/guardian's signature

* A separate authorization form is required for **each** medication.

A new authorization form must be completed any time there is a change in a medication's strength or time of administration, and at the beginning of each school year.

PRESCRIBER'S AUTHORIZATION AND ORDER

Name of Student: _____ Date of Birth: _____

Medication Name: _____ Strength/Dose: _____

Frequency: _____ PRN? ____yes ____no Route: _____

Circle time(s) of day medication is to be administered at school: 8am 9am 10am 11am 12pm 1pm 2pm 3pm

Diagnosis or reason for medication: _____

Significant potential side effects: □ none expected □ specify: _____

Medication shall be administered from: _____ to: _____
                                         (Month / Day / Year)   (Month / Day / Year)

If this medication is an asthma inhaler, epinephrine auto-injector, or other emergency medication, is student

authorized to self-carry/self-administer? ____ yes ____ no

Special Instructions: _____

Prescriber's Name/Title: _____ Phone: _____

Prescriber's Signature: _____ Fax: _____

PARENT/GUARDIAN REQUEST & AUTHORIZATION:

I request designated school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

Parent/Guardian Signature: _____ Date: _____

Home/Cell Phone #: _____ Work #: _____ Email: _____

*Prescription medication must be in a container labeled by the pharmacist or prescriber
*Non-prescription medication must be in the original container with the label intact.
*An adult must bring the medication to school.
*Medication must be picked up at the end of the school year or it would be DISCARDED