



MEDICATION ON CAMPUS AUTHORIZATION

Complete when medicine needs to be given by the school. You will need to complete this form if bringing an inhaler, epi-pen or other required medication to school. Medication cannot be kept in person or in a backpack or locker.

If a medication is to be administered while at school, parental/guardian written permission must be provided for both Over the Counter (OTC) and prescription medicines.

Prescription medicines must be sent to school and stored in the original prescription labeled container which details the student's full name, doctor's name, expiry date and dosing instructions.

Over the Counter medicines must have the student's name written on the original container, expiration date and dosing instructions.

Student Full Name: _____

Student's Teacher: _____

Allergy/Medical Condition: _____

Medication: _____

Dosage: _____

Time to be administered: _____

Number of days to be administered: _____

Date from: _____ to: _____

I give permission for school personnel to administer this medication to my child:

Signature of Parent/Guardian _____

Print Name of Parent/Guardian _____

Date _____