MEDICATION AUTHORIZATION
Orange County Schools

PHYSICIAN: COMPLETE ALL ITEMS IN BOLD

Student's Name: _____ **Date of Birth:**____/____/____

School: _____ **Telephone:** _____ **FAX:** _____

Medication: _____**Dosage:**_____**Route:**_____**Frequency:**_____

(All medications, including emergency injections such as epinephrine, will be given by the nurse or school staff who has completed an Orange County Schools approved medication administration training class.)

Time(s) medication is to be given:_____**Dates to be given from: ___/___/___ to ___/___/____**

(Medication authorization will be in effect for one calendar year unless otherwise specified.)

Type of medication: (circle) Tablet Capsule Liquid Inhalation Ointment Injection Other_____

Significant Information (side effects, adverse & omission reactions): _____

Contraindications for Administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

a. Contact me at my office: _____Telephone:_____

b. Take the child immediately to the emergency room at:_____

This medication will be furnished by the parent or guardian in a container properly labeled by a pharmacist with identifying information (e.g. name of child, medication dispensed, dosage prescribed and the time to be given.)

Physician's Signature:_____**Telephone:**_____**Date: ____/____/_____**

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. This medication has been prescribed by a licensed physician. I hereby release the School Board and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent/Guardian Signature:_____**Telephone:**_____**Date: ___/___/_____**

----------(SCHOOL USE ONLY)----------

Approved by:_____ (Principal's Signature) _____ (Date)

Reviewed by:_____(School Nurse's Signature) _____ (Date)

MEDICATION CHECK-IN & SIGN-OUT LOG

Date	Medication	Amt. Rec'd	Received by (signature)	Received from (signature)