

2009-2010 Authorization for Medication

No medication (prescription or over-the-counter) may be given by school personnel without the signed permission of parent or guardian. **All medications must be brought to the office by the parent or guardian in the original, current container or prescription bottle.** (Pharmacists are usually more than willing to divide a prescription between two bottles.) **Do not send medications of any type to school by backpack.** This includes vitamins, cough drops and throat lozenges.

Please complete this form and return it to the school office.

Student's name: _____ Grade: _____

Weight: _____ DOB: _____

Name of medication: _____

Dosage to be given: _____

Time(s) medication is to be given: _____

Effective dates for this authorization: from: _____ to: _____

Parent / Guardian Signature

Date

By Florida School Regulations, we must dispose of any medications that are received in anything other than the original, current container or prescription bottle. Also note that under no circumstances are students permitted to self-medicate. **Students may not keep any medications in backpacks, classrooms, or lunch boxes.**