

Summit Charter School Medication Authorization Form

Medication should be taken at home when possible. The parent/guardian must review the Medication Administration Guidelines. **Medication will not be administered without a completed medication authorization form on file.** A separate form is required for **each** medication.

Student Name _____ Date of Birth _____

School _____ Grade _____ School Year _____

Medication allergies _____

MEDICATION INFORMATION

Prescription Medication

Non-Prescription Medication

Name of Medication _____ Dosage and Route _____ Expiration Date _____

Time or frequency _____ Purpose of medication _____

Possible side effects _____ Special instructions _____

Start date _____ End date _____

PARENT/GUARDIAN'S AUTHORIZATION (Required for **ALL** medications)

I have read and understand the Medication Policy in the Summit Family Handbook. I understand that all medications must be in its original container and accompanied by a doctor's note. A new form must be completed each school year and anytime a medication or dose changes.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Name (Print) _____ Phone _____

PHYSICIAN'S AUTHORIZATION (Required for all **prescription** medications)

The above-named student is under my medical care and requires this medication to be given at school.

Physician's Signature _____ Date _____

Physician's Name (Print) _____ Phone _____

Office use only

Medication received by _____ Today's Date _____ Exp. Date of Medication _____