ULS UNIVERSITY LAKE SCHOOL

Medication Administration Authorization Form

Date:_____Received By_____

- Prescription medication must be in a container labeled by the pharmacist or prescriber OR the pharmacy prescription label must be attached
- Non-prescription medication must be in the original container with the label intact
- An adult must bring the medication to the division office

Name of Student:_____

DOB:_____Grade:_____Parent Phone:_____

Medication Name:_____

Condition for which medication is being administered:_____

Dose:_____Route:_____

Time/frequency of administration:_____

If "as needed," at what symptoms or frequency:_____

Medication shall be administered from date_____to date_____

Relevant side effects:_____

Emergency symptoms for which the school shall contact the clinic:_____

Practitioner Name:_____Phone:_____

Address:_____

Signature:_____Date:_____

I hereby grant the school permission to administer the above medication to my child according to the instructions and authorize them to contact the clinic for questions/concerns.

Parent/Legal Guardian Signature:_____Date:_____

☐ Student is allowed to independently carry and self-administer (Upper School only)

Medication administered on the following dates (admin initial)
