



# Mountain Island Day Community Charter School AUTHORIZATION OF MEDICATION ADMINISTRATION

**This form must accompany all medications**

Whenever possible, the parent or guardian should make arrangements so that medication can be administered at home. However, there are cases when a student's health could be compromised by not getting medication during school hours. If your physician decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided on this form. It is recommended that the morning dose of medicine be given at home. **If two (2) or more medications are prescribed for the same student, a separate authorization form must be completed for each medication.** The medication brought to school must be in a separate pharmacy labeled container(s) and must show the dosage, means of administration, and times of day as prescribed by the doctor. Most pharmacies will provide an extra container and label for school use upon request. New authorization forms must be obtained for **each school year** or anytime the dosage or directions change. Administration of *non-prescription* medicines at school is not allowed. Students are not allowed to carry medications on their person or keep them in their locker. All medications should be brought to the office immediately upon arriving to school. This form is also the authorized form used for off-campus activities, including overnight trips.

**FOR PHYSICIAN'S USE ONLY:** *please print legibly using lay terms*

Student's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

If this medication is for allergies, what is the student allergic to? \_\_\_\_\_

Dosage (amount/time to be given) \_\_\_\_\_

Side effects (expected or predictable, please list) \_\_\_\_\_

Other instructions (including emergency situations) \_\_\_\_\_

In order to keep this child in optimum health and to help maintain school performance, it is necessary that this medication be given during school hours and/or while at school sponsored events. The child's parent or guardian knows of this medication request and is in full agreement that Mountain Island Day Community Charter School will administer this medication.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print Physician's last name)

\_\_\_\_\_  
(Telephone)

**PARENT OR GUARDIAN'S PERMISSION**

I hereby give my permission for my child (named above) to receive medication during school hours. I will purchase and supply said any prescription medication as needed. On behalf of my child, I absolve Mountain Island Day Community Charter School and their agents and employees from any and all liability whatsoever that may result from my child taking this prescribed medication at school.

\_\_\_\_\_  
(Parent or Guardian's Signature)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date)

