



## Medication Authorization

to access and use prescribed and over-the-counter medications  
during school

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_

Home Address \_\_\_\_\_ HR/Grade \_\_\_\_\_

### Healthcare Provider to Complete:

Columbus Adventist Academy urges scheduling doses for times outside of school when possible.

I verify the above student should receive this medication at school for treatment of: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Administration Time(s): ☐ \_\_\_\_\_ **OR** ☐ Every \_\_\_\_\_ hours as needed for \_\_\_\_\_

Beginning Date: \_\_\_\_\_ End Date: \_\_\_\_\_ **OR** End of school year

Instructions: \_\_\_\_\_

Precautions and possible side effects: \_\_\_\_\_

Other medications prescribed to this student (home & school): \_\_\_\_\_

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Name \_\_\_\_\_

Practice Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

*Please fill contact information to left or stamp here*

### Parent to Complete:

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

To the Parent or Guardian: The following information is necessary for any student who uses medication in school.

- **Both the parent and healthcare provider portions of this form must be completed.**
- A new Medication Authorization form is required each school year and when there is a change in the medication.
- I authorize the student named above to receive the medication as ordered above.
- I understand the medication must not be expired, be in the original container and labeled with student's name, date, prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to school and will notify the school immediately with any medication changes.
- I authorize Columbus Adventist Academy staff to communicate with the student's healthcare provider as needed.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_