

TOWNSHIP HIGH SCHOOL DISTRICT 214

**School Medication Authorization Form**

**Prescription/Medication**

The primary function of school is education. The administration of medication is not normally a function of education. However, some students are required by their physician to take prescription/medication during the school day.

This COMPLETED form along with the student's prescription/medication, are to be brought to the school nurse. Prescription/medication is to be in its original container or one properly labeled by the pharmacy. It should be clearly labeled with:

1. STUDENT'S NAME
2. DRUG NAME AND EXACT DOSAGE
3. TIME MEDICATION IS TO BE TAKEN

I request the school nurse supervise my student in taking his/her medication.

I hereby release H.S. District 214, its employees, agents and administration, from any and all liability in any way related to the administration of this prescription/medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
ID#

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Prescription/Medication

\_\_\_\_\_  
Exact Dosage

\_\_\_\_\_  
Time to be administered

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Date