

# Muddy Creek Charter School

## MEDICATION AUTHORIZATION AND ADMINISTRATION FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Year: \_\_\_\_\_ Teacher: \_\_\_\_\_

### I AM GIVING SCHOOL PERSONNEL PERMISSION TO ADMINISTER MEDICATION TO MY CHILD PER THE FOLLOWING:

#### PARENT/GUARDIAN MUST COMPLETE

All medication must be submitted its original container

All medications must be delivered and picked up from school by parent or adult responsible for the student!

Medication: \_\_\_\_\_  Non prescription  
Dose (how much): \_\_\_\_\_  Prescription Rx: \_\_\_\_\_  
Frequency (how often): \_\_\_\_\_  Please allow my student to carry and self-administer this medication. (Self-medication form must be completed.)  
Expiration date of medication: \_\_\_\_\_  
Amount of medication sent: \_\_\_\_\_  
K-8 must need medication for immediate access.)\*  
Route:  Mouth  Ear  Eye  Nose  Skin  Injectable  
Duration: Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Time of day \_\_\_\_\_

Reason for Medication:

Special Instructions:

\* School Administrator and parent permission are required for all grades.

I understand: 1) I am responsible to provide this medication in its original container labeled according to the guidelines in the ARs; 2) I am responsible to maintain the supply as needed and that a new form must be completed with each new supply or prescription of this medication; 3) I am responsible to notify the school in writing of any changes; 4) I am required to pick up all unused medication by the last day of school and any medication left at the school will be discarded appropriately.

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

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

This authorization applies only to the medication listed above and for the duration of treatment or school year. This also authorizes an exchange of information, as necessary, between the district nurse, appropriate school personnel, and/or my child's health care provider..

#### OFFICE USE ONLY MEDICATION RECEIVED

Amount Received: \_\_\_\_\_ Witness #1: \_\_\_\_\_ Date: \_\_\_\_\_  
Amount Received: \_\_\_\_\_ Witness #2: \_\_\_\_\_ Date: \_\_\_\_\_