

# MEDICATION AUTHORIZATION FORM

For Prescription and Non-prescription Medications to be administered at school  
(Medication MUST be in its original container)



## INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations, prescription and non-prescription.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 school days).

### SECTION A: To be completed by the parent/guardian

Medication authorization for: _____ <b>(child's name)</b> _____ <b>(date of birth)</b>
Redeemer Classical School has permission to administer the following medication:
<b>Medication</b> name (including strength): _____
<b>Dosage</b> and <b>times</b> to be administered: _____
Special instructions (if any): _____
This authorization is effective from: _____ until: _____ <b>(start date)</b> <b>(end date)</b>
<b>Parent's or Guardian's Signature:</b> _____ <b>Date:</b> _____

### SECTION B: To be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed <b>(name of physician)</b>
below to be administered to: _____ <b>(child's name)</b> _____ <b>(date of birth)</b>
<b>Medication(s)</b> (including strength): _____
<b>Dosage</b> and <b>times</b> to be administered: _____
Special instructions (if any): _____
This authorization is effective from: _____ until: _____ <b>(start date)</b> <b>(end date)</b>
<b>Physician's Signature:</b> _____ <b>Date:</b> _____
<b>Physician's Phone Number:</b> _____