

**Cleveland School District**  
**School Medication Administration Authorization Form**  
**Valid only for the \_\_\_\_\_ School Year**  
Including the Summer Session  
**School \_\_\_\_\_**

This form must be completed fully in order for schools to administer medication. A new medication administration form must be completed with the following occurrences: *beginning of each school year; for each medication; any time there is a change in the dosage or time of administration of a medication.*

**Prescriber's Authorization (to be completed by the physician)**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Condition for which medication is being administered \_\_\_\_\_

Medication Name \_\_\_\_\_ Route \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

If PRN, for what symptoms \_\_\_\_\_ How often \_\_\_\_\_

Possible side effects \_\_\_\_\_

Allergies \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Prescriber's Name/Title \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax number \_\_\_\_\_

Address \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Original signature or signature stamp ONLY

**Parent/Guardian Authorization**

*I/We request designated school personnel to administer this medication as prescribed above. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school to nurse to communicate with the healthcare provider as allowed by HIPAA.*

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

This above mentioned student \_\_\_\_\_ is allowed \_\_\_\_\_ is not allowed to carry medication on their person.

*Liquid medications must be accompanied by a pharmacy dose measurer to be given.  
Prescription medication must be in a container labeled by a pharmacist or prescriber.  
Non-prescription medication must be in the original container with the label intact.  
A parent/guardian must bring the medication to school.*

School Personnel signature \_\_\_\_\_ Date \_\_\_\_\_

This form should also be used with non-prescription medication (OTC) medications.