AUTHORIZATION FOR PRESCRIPTION MEDICATION
SUGAR MAPLE NATURE SCHOOL

Date_________________

Student_____________________________Date of Birth_____________Grade_____________

School________________________________________________________________________

To School Personnel:
I am requesting that my child, ___________________________________, receive prescription medication in school at the time indicated below by his/her physician.

I will be responsible for bringing the prescription medication to school in a labeled container from the pharmacist. I also understand I am responsible for maintaining a sufficient supply of the medication at the school to avoid any interruptions in the physician's orders.

I understand that if my child refuses the medication, force will NOT be exerted by school personnel to make him/her comply. The school will notify parents of this refusal. I also understand that the information regarding prescription medication will be shared by the school administrator/designee with appropriate school personnel.

___________________________________________________________________________________

Parent/Guardian Signature Date

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To School Personnel:
I am prescribing medication for _____________________________________which is described as follows:

| Name of Medication | Dosage | Time (am/pm) | Possible Side Effects |
|---|---|---|---|
| (1) | | | |
| (2) | | | |

Special Instructions____________________________________________________________________

___________________________________________________________________________________

I understand that the above orders will be shared by the school administrator/designee and other personnel.

The above orders shall be effective through __________________________ unless they are discontinued, changed by me or withdrawn in writing by the parent/legal guardian.

___________________________________________________________________________________

Physician Signature Print Name

___________________________________________________________________________________

Phone Number Date