



The Meridian School

Authorization to Administer Over-the-Counter Medication

Student Name _____

Medication Administration Instructions

Medication must be provided to The Meridian School in the original container with the label intact. Parents are asked to bring medications directly to the main office. ***Each over-the-counter medication requires a separate Authorization to Administer Over-the-Counter Medication form.***

Name of medication _____

Dosage _____ Time(s) of day to be administered _____

Method of administration _____ Begin date _____ End date _____

Reason for medication to be administered during school hours _____

Possible side effects/emergency procedure in case of serious side effects:

Instructions in case a dose is missed:

Parent Authorization

I request and authorize that the above-named Meridian School student be administered the above-identified medication in accordance with the instructions indicated, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. I acknowledge and understand that The Meridian School does not have medically trained personnel on staff.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____