



## The Meridian School

### Authorization to Administer Prescription 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 prescriptions directly to the main office. ***Each prescription medication requires a separate Authorization to Administer Prescription Medication form with a doctor's signature.***

Name of medication \_\_\_\_\_ Storage instructions \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) of day to be administered \_\_\_\_\_

Method of administration \_\_\_\_\_ Begin date \_\_\_\_\_ End date \_\_\_\_\_

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

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Instructions in case a dose is missed:

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#### Physician 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 understand that such medication may be administered by medically untrained school personnel.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

*Parent authorization on reverse.*

## Parent Authorization

I certify that I am the parent/guardian of the above-identified student and request and authorize the school to administer the above-identified medication to the above-identified Meridian student in accordance with the prescription or doctor's instructions. I acknowledge and understand that The Meridian School does not have medically trained personnel on staff.

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

Parent/Guardian Name \_\_\_\_\_