

Our Lady Star of the Sea
Solomons, MD 20688

Medication Prescriber and Parent/Guardian Authorization Form

Student Name _____ D.O.B. _____ Teacher _____ Grade _____ School Year _____
The administration of medication in the school setting is a service offered to parents/guardians and students to promote wellness and decrease absenteeism. Employees of Our Lady Star of the Sea School can not administer medications, including over the counter drugs, without the written authorization from parent/guardian and authorized prescriber. Any change in the medication order must be submitted on a new medication form.

To be completed by Authorized Prescriber
One medication order per form

Medical Diagnosis: _____ Allergies: _____

Medication	Dosage	Time to be given	Form/Route	Side Effects

Start Date _____ Stop Date _____ Adverse Reactions _____

If PRN a.) for what symptoms _____ b.) how often _____

Special Instructions: _____ telephone # _____

Authorized Prescriber (print clearly) _____ Date: _____

Authorized Prescriber's Signature: _____

The Parent/guardian is responsible to provide this completed form, the medication in its original container and a current emergency form. The initial dose of a new medication must be given by the parent/guardian.

THE MEDICATION WILL NOT BE TRANSPORTED BY THE STUDENT.

I request and give permission for (name) _____ to receive the above medication according to Our Lady Star of the Sea School Policy. I allow the authorized prescriber and the school nurse to share information regarding medication issues.

Parent/Guardian _____

Signature _____ Date _____ Phone _____ School _____