



Elite Academy

MEDICATION AUTHORIZATION

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE.

PART I PARENT/GUARDIAN TO COMPLETE

I hereby request Elite Academy personnel to administer medication as directed by this authorization. I agree to release, indemnify and hold harmless Elite Academy and any of their staff members from lawsuits, claims, expenses, demands or actions, provided Elite Academy staff members comply with the physician, parent/guardian orders set forth in accordance with the provision of PART II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Has the student taken this medication before?

YES NO

If NO, the first full dose must be given at home to ensure that the student does not have a negative reaction.

First dose was given: Date: _____ Time: _____

Student Name (Last, First, Middle)

Date of Birth

School Name

School Year

Grade

Parent/Guardian Signature

Phone Number

Date

PART II PHYSICIAN MUST COMPLETE AND SIGN FOR ALL PRESCRIPTION MEDICATIONS

Diagnosis

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it can be given again.

Name of Medication(s):

Dosage:

Time to Administer:

Route:

Physician Name (Print or Type)

Physician Signature

Phone Number

Date

PART III PARENT/GUARDIAN TO COMPLETE FOR OVER-THE-COUNTER MEDICATION. **MEDICATION MUST BE BROUGHT TO THE SCHOOL UNOPENED AND IN THE ORIGINAL CONTAINER OR PACKAGE.**

Name of Medication(s):

Dosage:

Time to Administer:

Reason for Medication:

Parent/Guardian Signature

Phone Number

Date

PART IV PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check as appropriate

Parts I and II above are completed including signatures.

Parts I and III above are completed including signatures.

Medication is appropriately labeled.

Principal or Designee Signature

Date

INSTRUCTIONS FOR COMPLETING THE MEDICATION AUTHORIZATION FORM

FOR PRESCRIBED MEDICATIONS:

Parent or guardian to complete Part I and physician to complete Part II. Form must be signed by both parent/guardian and the physician.

FOR OVER-THE-COUNTER MEDICATIONS:

Parent or guardian to complete Part I and Part III and sign.

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Any medication taken at school must have a parent or guardian signed authorization; some medications (prescribed) also require physicians' orders. **The parent or guardian must transport medications to and from school. Students are not to transport.**
2. No medication will be accepted by Elite Academy personnel without receipt of completed and appropriate medication forms.
3. All prescription medications **must** be in their original containers and labeled by a pharmacist. Over-the-counter medication **must** be in the original container and unopened.
4. **First dose of any new medication must be given at home.**
5. The parent or guardian is responsible for submitting a new form to Elite Academy at the start of each new school year and every time there is a change in the dosage, time or medication.
6. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
7. Expired medications or medication for former students must be picked up by parent or guardian within one week of expiration date or students last day. Medications not claimed within that time period will be destroyed.