

Western School District
School Administered Medication Authorization Form
For Over-The-Counter Medications

Western School District policy requires that all children under 12 years of age must have a School Administered Medication Authorization Form completed and signed by the parent/guardian for all over-the-counter medications. Whenever possible, parents should administer medications at home.

Part 1 (to be completed by the parent or guardian)

Student _____ Date of Birth _____

School _____ Teacher _____

I hereby request that my child be administered medication at school by school personnel. I understand that the medication will be administered as directed. I shall notify the school in writing if this medication is to be discontinued. Any change in dosage or frequency of the medication requires resubmission of this form. *Medications MUST be brought to school in the original containers.* If they are not, school personnel reserve the right to refuse to dispense.

Parent/Legal Guardian Signature _____

Address _____ Home Phone _____

Work Phone _____ Cell Phone _____

Date _____

Part 2

Medication _____

Dosage _____

Frequency _____

Dates to be given _____

Special Instructions _____

Medication _____

Dosage _____

Frequency _____

Dates to be given _____

Special Instructions _____