

## PHYSICIAN/PARENT MEDICATION AUTHORIZATION

Note: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following **regulations must be followed:**

1. Medications must be ordered by physician and permission granted to the nurse at school to contact physician if necessary.
2. Medication must be brought to school by parent/guardian in its original container with appropriate label intact. **IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN.** (Please ask your pharmacist to properly label an extra bottle to be used only at school.)
3. Parent/guardian must sign this form, granting permission to administer medication, according to regulations set herein.

The Canby Public School has my permission to administer the following medication to:  
\_\_\_\_\_, and I give my permission for the  
(STUDENT NAME)  
school nurse to contact the physician, if necessary.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

### PHYSICIAN AUTHORIZATION

**Name of Medication:** \_\_\_\_\_

**Reason for taking:** \_\_\_\_\_

**Means of Administration:** \_\_\_\_\_

**Dose to be given:** \_\_\_\_\_

**Time to be given:** \_\_\_\_\_

**Expected duration of treatment:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**List any known drug allergies:** \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF CLINIC

\_\_\_\_\_  
PHONE NUMBER

**FAX BACK TO CANBY ELEMENTARY SCHOOL HEALTH OFFICE AT 507-223-2013**