

**Morgan County Schools Health Services
Medication Authorization Form
And Physician's Order**

Under the provision of the Morgan County Board of Education policy, when it is deemed necessary to place a child on medication during the school day, the following is to be completed and signed by both the parent/guardian and the physician prescribing the medication.

The potential side effects from this medication should be included, as well as other recommendations which the physician considers helpful to the student.

****The medication must be brought to school by the parent or a responsible adult in a professionally labeled container. This container's label will have the date, student's name, and type and frequency of medication. If any changes in medication occur during the school year, a new form must be completed and returned to school with the new medicine.**

Part 1

Physician's Medication Order

****Please use a separate form for each medication.**

1. Student's Name _____ Date of Birth _____
2. Diagnosis Requiring Medication _____
3. Medication Name and Dosage _____
4. Administration Time and Schedule _____
5. Medication to be taken from _____ to _____
6. Potential Side Effects and Procedure to Manage _____

Physician Name (print) _____

Physicians Signature _____ Date _____

Office Address _____ Contact Phone# _____

Part 2

Parent Permission for Giving Medication at School

I, the parent/guardian of _____, request the persons trained in assisting students with self-administration of medication at school assist the above named student with self-administering the above medication as prescribed by Dr. _____.

Parent/Guardian Signature

Daytime Phone #

Cell Phone#

Date

Part 3

Information Release Statement

I, the parent of _____, give my permission for the School Nurse assisting my child with self-administration of medication to communicate with Dr. _____ regarding my child and his/her medication.

Parent/Guardian Signature

Date

Witness Signature

Date

This Form is Valid for One School Year Only