

# Medication Authorization

## Souderton Charter School Collaborative

If your child needs to take medication or undergo a nursing procedure while attending our program, please fill out this form authorizing the nurse to do so. This form must accompany the medication, which is to be transported to and from school by an adult, never by the child.

I, \_\_\_\_\_ do hereby authorize/instruct the school nurse to administer:

\_\_\_\_\_  
(name and dosage of medication or procedure)

to my child: \_\_\_\_\_  
(name of child)

at the following time(s): \_\_\_\_\_  
(time of day)

until: \_\_\_\_\_  
(date for discontinuation of medicine or procedure)

All medication must come to school in its original container.  
How will medication or equipment be supplied to school?

\_\_\_\_\_

Please indicate any special instructions here: \_\_\_\_\_

\_\_\_\_\_

Please print this form at home, fill it out, sign it and send it to the nurse.

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(date)