



Physician Authorization for Administration of Medication (s)

Student Name _____ DOB ___/___/___ Grade/Class _____

Over the counter medication can be given at school with the consent of a parent. **A physician's signature on a prescription is required for the dispensing of the following common OTC medications.** Each medication will be administered as directed by the physician's order **(WITH DOSING AMOUNTS)**.

Medication:	Dosing Amount	Dosing Amount	Dosing Amount
Acetaminophen for pain or fever		Ibuprofen for pain or fever	
A&D ointment for chapped lips		Hydrocortisone cream 1% for itching	
Antibiotic ointment for minor scrapes/scratches		Antacid for GI upset	
Eye Wash for irritation		Diphenhydramine (Benadryl)	

** Please note **: If the child has an elevated temperature (= 100.0 °F) vomiting, diarrhea, rash, green respiratory drainage, green drainage from one or both eyes &/or lice, a parent or guardian will be contacted and will need to make arrangements to pick their child up immediately. Students may not return until they have been fever/symptom free for 24 hours (without medication). If necessary, the school nurse and/or principal may ask for a written statement from a licensed physician stating it is safe for the student to return.

List all allergies, drug reactions and health conditions:

List all medications taken at home on a daily basis:

We understand that under the provision of Florida Statute 232.46 School personnel cannot be held liable for reactions or side effects from the administration of the above medication(s). We also grant permission to contact myself/and or the physician if there are questions or concerns about medications. I have read the "Guidelines for Administration of Medication".

Parent/Guardian Signature _____

Daytime Contact Number _____

Physician Signature _____

Physician's Phone Number _____

Parental Authorization Form to accompany this form.