School Medication Authorization

Subject: Authorization to Administer Medication to [Child's Name]

Dear School Nurse/Administrator,

I am requesting permission for school personnel to administer medication to my child, [Child's Full Name], during school hours. This medication is prescribed by [Doctor's Name] and is necessary for my child's health and safety.

Medication Details:

Medication Name: [Name of medication]

Dosage: [Specific dosage]

Time(s) to be given: [Exact times]

Method of administration: [How to give medication]

Duration: [How long treatment continues]

I will provide the medication in its original pharmacy container with clear labeling. I understand that school policy requires written authorization from both the parent and prescribing physician. I have attached the doctor's written instructions and prescription information.

I authorize trained school personnel to administer this medication according to the prescribed instructions. I also give permission for school staff to contact the prescribing physician or pharmacist with any questions about the medication.

I will notify the school immediately of any changes to the medication regimen or if the medication is discontinued.

Emergency contact information:

Primary: [Phone number]

Doctor: [Doctor's name and phone]

Thank you for your assistance in maintaining my child's health during school hours.

[Parent's Full Name]

[Date]

[Signature]