William A. Kirlew Junior Academy

Medication Administration Authorization

By signing this form, I the parent/guardian of the below mentioned student, allow William A. Kirlew Junior Academy designated staff to administer the prescribed medication to the child as ordered by his/her physician. The medication only will be administered if it is received in its original bottle, labeled with the child's name, dosage, physician, pharmacy, and name of the drug. William A. Kirlew Junior academy may administer over-the-counter medications (i.e. Children's Tylenol, Ibuprofen, throat lozenges, cough drops). All Medication must be given to the child's teacher.

Student Name_____ **Date**_____

Allergies_____ **DOB**_____

_____ _____

Parent/Guardian Signature **Parent/Guardian Name Printed**

Medication	Dosage	Time(s) to be given	Parent Signature

FOR SCHOOL USE ONLY:

Medication	Dosage	Date	Time	Problem/ Symptom	Given by