THE MASTER'S ACADEMY

STUDENT MEDICATION

Authorization to Administer

If your child needs to have medication given by school personnel during the school day, state law requires that you and your physician provide written authorization for administration of both prescription and over-the-counter medication.

Please be sure to complete section 1 prior to submitting to your physician.

Student Name_____ Grade_____

I am hereby granting The Master's Academy permission to administer the following medication(s) to the afore-mentioned student:

SECTION 1

Over the Counter Medication(s): *May be administered as needed throughout the school year*

Name of Medication	Exact Dosage/Amount to be given	Date/ Time(s) to be given

SECTION 2

Oral Prescription Medication(s): **See Alternate Forms for Inhaled or Injectable Medications*

Name of Medication	Exact Dosage/Amount to be Given	Begin date	Stop Date

It is necessary that this prescription medication be provided during the school day due to the following medical condition(s): _____

_____

SECTION 3

Additional comments or specific instructions: _____

_____

This information will remain confidential and only shared with school personnel, as needed, for the student's health and educational needs. This authorization includes permission for communication between the school nurse and student's health provider, regarding the medications, if necessary.

_____ _____

Prescribing Physician Signature (REQUIRED) **Prescribing Physician Printed Name**

_____ _____

Parent Signature **Date**

All medications must be received in original containers and be delivered and retrieved by parent/ guardian only. A student must never carry medication on his/her person or take medication at school, except in the Clinic.

Grades 18 mos. - 5th Fax Number: 407-706-1373 ***Grades 6 - 12 Fax Number: 407-971-1373***

Nurse E-mail: annwilliams@mastersacademy.org