

Alachua County Public School – Health Services
MEDICATION/TREATMENT AUTHORIZATION FORM

Student's Name: _____ Date of Birth: _____ Grade: _____

School Name: _____

The following section is to be completed by the parent or legal guardian:

List child's health conditions and allergies: _____

Name of medicine: _____ Expiration date: _____

Amount to be given: _____ Time(s) to be given: _____

Prescribing doctor's name: _____

Illness or condition prescribed for: _____

Dates medicine are to be given: beginning on date: _____ ending on date: _____

Prescription medicine **MUST** have original, unaltered prescription label on the bottle; this label will include the child's name, medication, dosage, frequency of administration, doctor's name, pharmacy's name and phone number.

Non-prescription medicine **MUST** be in original (store labeled) container, also marked with the student's name. Medication dose cannot exceed dose specified on medication label without a physician's order. No Aspirin or Aspirin products will be given without a physician's order.

I hereby grant permission to the principal or the school-designated person to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S.1006.062). I agree to furnish the school with this medication in the bottles as described above. **It is my responsibility to notify the school if and when these orders change.** I permit Alachua County Public School staff to contact my child's physician and pharmacy in reference to this medication.

I understand the law provides that there shall be no liability as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as an ordinarily reasonably prudent person would under the same or similar circumstances

Parent/Guardian name: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Signature: _____ Date: _____

