



Wyoming City Schools Medication Authorization Form

STUDENT INFORMATION

Student Name: _____ Grade: _____ DOB: _____ Building: _____

Address: _____

Parent/Guardian Name: _____ Phone: _____

List any known drug allergies/reactions: _____

PRESCRIBER AUTHORIZATION

Medication: _____	Medication: _____	Medication: _____
Dosage: _____	Dosage: _____	Dosage: _____
Time/Interval: _____	Time/Interval: _____	Time/Interval: _____
Severe reactions to report to clinician: _____	Severe reactions to report to clinician: _____	Severe reactions to report to clinician: _____

Date to Begin Medication: _____ Date to End Medication: _____

Prescriber Signature: _____ Date: _____

Prescriber Name (print): _____ Phone: _____ Fax: _____

Address: _____

PARENT PERMISSION

- I authorize an employee of the school board to administer the above medication(s).
- I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed.
- I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.
- Medication form must be received by the principal, his/her designee, and/or the school nurse.
- I understand that medication must be in the **original** container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug expiration when appropriate.

Parent/Guardian Signature: _____ Date: _____

Completed forms may be hand-delivered to your child's school, emailed to murphyn@wyomingcityschools.org, or faxed to:

- No medication, prescription or over-the-counter, will be administered without a medication authorization form signed by the prescriber and parent/guardian.
- All medication must be delivered to school by parent/guardian. Please do not send medication to school with your child.
- Controlled substances will be counted and verified by parent/guardian and designated school staff member.



Elm: 513-206-7337
Hilltop: 513-206-7305
Vermont: 513-206-7370
Middle School: 513-206-7245
High School: 513-206-7132