Wyoming City Schools
Medication Authorization Form

STUDENT INFORMATION

Student Name: | Grade: | DOB: | Building:

Address:

Parent/Guardian Name: | Phone:

List any known drug allergies/reactions:

OVER-THE-COUNTER MEDICATION

Medication must be provided in the original labeled container with the protective seal intact

PARENT/GUARDIAN TO COMPLETE		PRESCRIBER TO COMPLETE	
MEDICATION	MAY GIVE *check if yes*	DOSAGE	TIME/INTERVAL
Acetaminophen (Tylenol)	☐		
Ibuprofen (Advil)	☐		
Anti-itch cream (Hydrocortisone) or lotion	☐		
Cough drops	☐		
Antacid (Tums)	☐		
Other:_____	☐		

PRESCRIPTION MEDICATION - Prescriber to complete

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:

Prescriber Signature: Date:

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

PARENT/GUARDIAN 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 the medication.
- ☑ 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.
- ☑ Permission to administer medication(s) above only valid through the end of the current school year unless otherwise noted.
- ☑ 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:**

Please hand-deliver completed forms to your child's school or send via email or fax to:

- Medication will not 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:	lippiattr@wyomingcityschools.org	(f): 513-206-7337
Hilltop:	vilardok@wyomingcityschools.org	(f): 513-206-7305
Vermont	vilardok@wyomingcityschools.org	(f): 513-206-7305
Middle School:	joneske@wyomingcityschools.org	(f): 513-206-7245
High School:	murphyn@wyomingcityschools.org	(f): 513-206-7132