

## Bedford County Public Schools Authorization for Medication Administration

<b>Student Information: Parent/Guardian to Complete</b>	
Student Name: _____	Grade: _____
DOB: _____	Age: _____ ID #: _____ School: _____

<b>Prescription Medication: Healthcare Provider to Complete</b> (one form for each medication)	
Diagnosis/Condition for which medication is being administered: _____	
Name of Medication: _____ Dosage: _____	
Route: <input type="checkbox"/> Oral <input type="checkbox"/> Other: _____ Time to be Given: _____	
Discontinue Date: <input type="checkbox"/> School Year (including summer school/ESY) <input type="checkbox"/> Other: _____	
Special Instructions (open capsule, crush, mix, etc.): _____	
Healthcare Provider Signature: _____	Date: _____
Healthcare Provider Printed Name/Stamp: _____	NPI #: _____
Healthcare Provider Phone #: _____	Address: _____

<b>Over-the-Counter Medication: Parent/Guardian to Complete</b> (one form for each medication)	
Reason medication is to be given: _____	
Name of Medication: _____ Route: <input type="checkbox"/> Oral <input type="checkbox"/> Other: _____	
Dosage (per package instructions): _____ Time to be Given: _____	
Discontinue Date: <input type="checkbox"/> School Year <input type="checkbox"/> Other: _____ Special Instructions: _____	

<b>Parent/Guardian Authorization</b>	
My signature gives permission for the principal's designee to administer the prescribed or over-the-counter medication above and gives the principal's designee permission to contact the healthcare provider if necessary to clarify the order. I also agree to supply the medication/supplies and pick up any unused medication at the end of the school year. I understand that medication not picked at the end of the school year will be discarded.	
Parent/Guardian Signature: _____	Date: _____

Medication Received	Medication Picked Up
<input type="checkbox"/> Controlled Med (see counting sheet) <input type="checkbox"/> Other _____ Parent/Guardian Signature: _____ Staff Initials: _____ Date: _____	<input type="checkbox"/> Controlled Med (see counting sheet) <input type="checkbox"/> Other _____ Parent/Guardian Signature: _____ Staff Initials: _____ Date: _____