



ORANGE COUNTY PUBLIC SCHOOLS
ORLANDO, FLORIDA

Authorization for Medications

Prescriptions and Non-Prescription

My permission is hereby granted to _____
School

To assist _____ DOB _____/_____/_____
Last First Middle

NOTE: If the medication is a prescription, ask your pharmacist to prepare two containers, one for school and one for home. **THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION /MAY NOT BE GIVEN AT SCHOOL.** Herbal/vitamin therapy requires a physician's order.

Name of prescription medication _____

Name of prescribing physician _____

Amount to be given/Dosage (ex.10mg/tab) _____

Directions for administering (ex. By mouth) _____

Time to be given at school _____

Date to begin _____ Date to stop _____

Reason or health problem _____

Possible reaction to medication _____

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT. Non-prescription medications will only be accepted in the factory sealed original container. It is hereby understood by the undersigned that school personnel are not held liable for the administration of the above medication or for its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school by the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

Signature of parent/guardian

_____/_____/_____
Date

() _____
Home phone

() _____
Work phone

() _____
Cell phone/Beeper

Remember to advise the school immediately of changes in the phone numbers, addresses, responsible emergency contact person, doctor, and hospital preference.

