

ORANGE COUNTY PUBLIC SCHOOLS

ORLANDO, FLORIDA

Authorization for Medications

Prescriptions and Non-Prescription

My permission	on is hereby gi	anted to						
			School					
To assist			Middle	DOB	/	/		
	Last	First	Middle					
school and	one for hom	ne. THE VE		E OF THIS	MEDICATION	ontainers, one for I FOR CURRENT physician's order.		
Name of pre	scription medi	ication						
Name of pre	scribing physi	cian						
Amount to b	e given/Dosag	e (ex.10mg/ta	b)					
Directions fo	or administeri	ng (ex. By mou	th)					
Time to be g	iven at school							
Date to begi	egin Date to stop							
Reason or he	alth problem .							
Possible read	ction to medic	ation						
AND APPROTHE-COUNTY prescription understood l	OVAL OF THI TER MEDICA medications	E SCHOOL NATIONS NEW Will only be of gned that sch	IURSE AND MAY ED TO BE DOS accepted in the food personnel are r	REQUIRE A P SAGE SPECIFIC actory sealed o	HYSICIAN'S C FOR AGE/ riginal contain	T HAVE REVIEW ORDER. OVER- WEIGHT. Non- er. It is hereby ration of the above		
medication MEDICATIO authorizatio	must be tra DNS TO SCH n for dispensin	nsported to OOL WITH 1 ng medication.	and from schoo	I by the paren	t/guardian. rom home will r	d security reasons, DO NOT SEND not be accepted as		
Signature of	f parent/guard	dian			Date			
())		()			
Home phone		И	Vork phone		Cell phone/B	}eeper		

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



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Student Log of Medication Administration

Student's Name					
	Last	First	Middle		

Date	Time	Name of Medication	Dosage	Signature of Person Administering Medication	Comments