



River Grove School

Prescription Medication Authorization

Student's Name (Last) (First) (Middle) Birthdate / / Date

School medications and health care services are administered following these guidelines:

- Physician/Prescriber signed, dated authorization to administer the medication.
- Parent signed, dated authorization to administer the medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Health Care Treatment Dosage Time to be administered

Intended effect of this medication Expected side effects, if any

Other medications student is taking

May student self-administer medication under supervision of Health Service personnel or designate?
(A student self-administration form must be completed) (Please circle) YES / NO

Administration Instructions:

Discontinue / Re-Evaluate / Follow-up Data (circle one)

Prescriber's Signature Date Signed

Prescriber's Emergency Phone # Prescriber's Address