



**ST. FRANCIS HIGH SCHOOL**  
COLLEGE PREPARATORY

Medication Authorization Form

Student Name \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

**Parent Authorization**

Policy for medication administration at school:

- Complete signed and dated form by both physician and parent
- Medication is to be in the original pharmacy or manufacturer's labeled container
- Label contains student name, name of medication, dosage, direction for use and date
- Immediate notification in writing of any changes
- To be renewed annually at the beginning of each school year

**Inhalers for asthma- NEW 2011-** A student may carry a pharmacy labeled rescue inhaler with a parent authorization only. Sign below.

St Francis, its employees and agents are to incur no liability, except willful and wanton conduct, as a result of any injury arising from self administration of medication by the student.

Parent /guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Physician Authorization**

A physician must complete the following for all prescription and nonprescription medications.

Students may carry/store **only** the following with parent and physician authorization: EpiPens (epinephrine auto injector) and insulin/diabetic supplies.

Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency \_\_\_\_\_

Medication \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency \_\_\_\_\_

Student may carry/ store EpiPen/insulin and supplies      yes                  no

Physician name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_