



2017-2018 SY

Prescription Drug and Non-Prescription Drug Authorization

All medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school. All prescription drugs must be in the original, pharmacy labeled container. All non-prescription drugs must have original label listing ingredients, as well as a dose schedule and your child's name on the container.

Name of Student: _____

Parent/Guardian: _____

Address: _____

Emergency Phone #'s:
Parent/Guardian _____

Name of Prescription: _____

And reason needed: _____

Dosage: _____

Time to be given: _____
{Required by ordering physician}

Prescribing Physician: _____

I hereby authorize Madonna Learning Center to dispense
_____ as directed above.

{Name of medication}

Parent/Guardian
Signature:

Date: _____

All changes in prescription medication must have written authorization from the licensed physician and parent.