



2026-2027 Authorization for Prescription Medication at School

STUDENT'S NAME: _____ DATE OF BIRTH: _____

AGE: _____ SEX: _____ GRADE: _____ HOMEROOM: _____

Medical Diagnosis: _____

Medication: _____ Dosage: _____

Route of Administration: _____ Time to be Administered: _____

Possible side effects: _____

Expected Duration of Need: _____

Allergies to Medications: _____

I verify that this student's medical diagnosis is such that administration of a prescribed medication for this condition is appropriate at school, on school grounds, at school-sponsored activities, or before/after school activities on school-operated properties.

Licensed Medical Provider Name (please print): _____

Licensed Medical Provider Signature: _____ Date: _____

Phone Number: _____ Fax Number: _____



By signing below, I understand and agree to the following:

- I give permission for designated Oaktown Academy, Inc. staff to administer this medication to my child.
- I give permission for my child to take this medication at school.
- I give permission for the school nurse to share this information with individuals who have responsibility for my child.
- I give permission for the school nurse to contact the above-named Licensed Medical Provider and the prescribing pharmacy in relation to this prescription medication.
- I understand these orders are valid through the current school year, including summer programming.
- Oaktown Academy, Inc. and its employees and agents are not liable for an injury arising from the administration of medication authorized by a licensed medical provider. The parent/guardian shall indemnify and hold harmless Oaktown Academy, Inc. and its employees and agents against a claim arising from the administration of medication authorized by a licensed medical provider
- I have read and understand the information and procedures for the administration of medication at Oaktown Academy, Inc.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____



Information and Procedures for Medication Administration at Oaktown Academy, Inc.

The following information/procedures apply to medication administration at Oaktown Academy, Inc.:

- All medications must be brought to the school nurse by a responsible adult. Students are not to carry medications.
- All prescription medications must be in the original container issued by the pharmacist with the most recent prescription label.
- If the information on the authorization form does not match the prescription label, the medication will not be accepted.
- The parent/guardian will notify the school when the medication is discontinued or the dosage has been changed. When changes are made in medication, dosage, or time, an updated form must be received.
- When the school nurse is not available, a trained designee may assist your child in taking his/her medication.
- Medications should routinely be given at home before or after school, whenever possible.
- The first dose of any new medication will be given at home so that the parent/guardian can monitor for adverse reactions.
- Outdated or expired medications will not be administered.
- Short-term courses of prescribed medication will be given according to the prescription labeling and does not require a permission form signed by a legal prescriber.
- The school nurse and school administration may give a student permission to carry medication to guard against a life-threatening condition.
- Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school.
- The school nurse will dispose of medication not claimed at the end of the school year.