



HENDERSON
INTERNATIONAL
SCHOOL

MEDICATION AUTHORIZATION FORM

Only complete if / when medicine needs to be given by the school. You will need to complete this form if bringing an inhaler, epi-pen or other required medication to school.

If a medication is given at school, written parental / guardian permission for administration must be provided for both OTC and prescription medicine. Prescription medicine MUST be sent to school and stored in the original prescription labeled container showing the child's name, doctor's name, and dosing instructions. OTC medicine MUST have student's name written on original container.

Student Name: _____

Student's Teacher: _____

Medication: _____

Dosage: _____

Time to be administered: _____

Number of days to be administered: _____ Date from: _____ to: _____

I give permission for school personnel to administer this medication to my child:

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian _____