



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: \_\_\_\_\_

Allergy/Condition: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Number of days to be administered: \_\_\_\_\_ Date from: \_\_\_\_\_ to: \_\_\_\_\_

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

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name of Parent/Guardian** \_\_\_\_\_