



Child's Name

Last

First

Middle



AUTHORIZATION TO ADMINISTER MEDICATION(S)

Students are NOT allowed to self-administer any medication and The Orchard Academy is NOT allowed to administer any prescription medication without the expressed written permission of a parent/guardian. If a child has medication that needs to be taken during the school day, the child's parent/guardian must complete the below information, sign it and return it with the medication (*see below*). This also applies to emergency prescription medications (e.g. EpiPens, nebulizers) that will be kept at school as a precaution.

This form should be accompanied by the referenced medication in a sealed bag to a Director, must be in the **ORIGINAL PACKAGING AND CONTAIN THE ORIGINAL PRESCRIPTION LABEL AND/OR DOSING INSTRUCTIONS**. For prescription medications, the prescription must be specifically for your child.

All medications are kept in an area off-limits to children with access only provided to approved school personnel and the Authorization Form is kept on file in the Main Office. All information regarding medications and health conditions is kept in accordance with HIPAA privacy rules and standards.

NAME OF MEDICATION(S):

DOSAGE & FREQUENCY:

DIRECTIONS:

POSSIBLE SIDE EFFECTS:

CONDITION MEDICATION
IS TREATING:

I hereby request that the medication listed above be administered to my child in accordance with the above dosages and instructions that I have provided. I understand that The Orchard Academy, Temple Har Shalom and its employees will not be held responsible for any illness or injury to my child relating to or resulting from the administration of the medication.

Signature of Parent/Guardian

Date

Parent/Guardian's Printed Name

****THIS FORM DOES NOT NEED TO BE SIGNED BY A DOCTOR***