



AUTHORIZATION FOR MEDICATION FORM

This form must be completed in its entirety in order for Highpoint Academy to administer any prescription medication. A new form must be completed at the beginning of each school year, for each medication, and every time there is a change in dosage or time of administration of a prescription medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Physician's name and contact info must be written on the label.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.

PHYSICIAN'S AUTHORIZATION

CHILD'S NAME: _____

D/O/B: _____ Age: _____ Grade: _____

Name of Medication: _____

Condition for which medication is being administered: _____

Prescription Number: _____ Dose: _____

Frequency of administration: _____ X per day.

Indicate time(s) that medication must be administered: _____ a.m. _____ p.m.

Possible side effects and/or any other significant information:

Does medication need refrigeration? yes no

Does medication need to be sent home with child each afternoon? yes no

Physician Name (Printed): _____

Address: _____ Office Phone Number: _____

Physician's Signature (if required): _____ Date: _____

PARENT/GUARDIAN AUTHORIZATION

I/We hereby give permission to Highpoint Academy's school personnel to administer the medication as prescribed by the above named Physician. I/we certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication by a Highpoint Academy, Inc. employee. I release Highpoint Academy, Inc., its owner and employees, of any liability with regard to the administration of any medications given to my child. I/we understand that at the end of the school year, an adult must pick up the medication, otherwise all prescription medications will be discarded.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date signed: _____