

**St. Joseph's Catholic School**  
**11011 Montgomery Road**  
**Beltsville, MD 20705**

**Physician's Authorization for Medication Administration of  
Prescription Drugs (One Drug Per Form)**

**FOR COMPLETION BY PARENT OR LEGAL GUARDIAN**

Full Name of Student \_\_\_\_\_

School Year 2009 – 2010 Grade \_\_\_\_\_

- I understand that I must supply the school with the equipment/supplies to administer any medications my child must take
- I understand that all medications must be in the original bottle/vial/blister pack or other original container. Prescription medications will only be accepted with the prescription label prepared by a registered pharmacist. The information should clearly state the name of the child; the name of the medication with appropriate dosage, frequency, route of administration; the intended purpose of the medication (i.e., for pain, etc.) and the name and phone number of the prescribing physician.
- I hereby authorize the administration of the stated medication by the School RN or the Certified Medication Technician, as directed by my child's physician.
- I understand that the physician will be contacted, if there are any questions about the medication
- I understand that 911 will be called immediately in an emergency

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Legal Guardian                      Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

**FOR COMPLETION BY PHYSICIAN OF ABOVE NAMED STUDENT**

1. Name, Dosage, Route of Medication \_\_\_\_\_

2. Reason for Medication \_\_\_\_\_

3. Time/Frequency of Medication \_\_\_\_\_

4. Start Date \_\_\_\_\_ Completion Date \_\_\_\_\_

5. Possible Side-Effects \_\_\_\_\_

6. Additional Information (Crush, dissolve, give with food/milk, etc.) \_\_\_\_\_

\_\_\_\_\_

7. Known Food/Medication Allergies \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature (Original – NO STAMPS)      Date

\_\_\_\_\_  
Physician's Printed Name                                      Physician's Telephone Number

Physician's Address

Reviewed by RN \_\_\_\_\_ / \_\_\_\_\_  
(Name/Date)