



Coral Way Campus

2021-2022 MEDICATION AUTHORIZATION FORM

This form is valid only for the 2021-2022 school year including the summer session. This form must be completed fully for Highpoint Academy to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.

TO BE COMPLETED BY PRESCRIBING PHYSICIAN

Patient Name	DOB	Medication Name	Dose
Condition for which medication is being administered		Time/frequency of administration	
Possible side effects and significant information			
Does medication need refrigeration?			YES NO
Does medication need to be sent home with child each afternoon?			YES NO
Physician Name (Printed)			
Physician Signature			
ADDRESS		PHONE NUMBER	DATE

PARENT/GUARDIAN AUTHORIZATION

I/We request designated Highpoint Academy 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 at Highpoint Academy. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____