

Put in your schools name or business here Funshine Summer Camp
Medication Administration in School

The parent/guardian of _____ ask that the school staff give the
(Child's name)
following medication _____ at _____
(Name of medicine and dosage) (Time(s))
to my child, according to the Health Care Provider's signed instructions on the lower part of this
form.

The school agrees to administer medication prescribed by a licensed health care provider.
It is the parent/guardian's responsibility to furnish the medication.

The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription medications must come in a container labeled with: child's name, name of medicine
Time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's
name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed
health care provider authorization, and medicine must be packaged in the original container.

By signing this document, I give permission for my child's health care provider to share information about the
administration of this medication with the nurse or school staff delegated to administer medication. ***The first dose of any
medication should be administered at home prior to sending it to school.***

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization to Administer Medication in School

Child's Name: _____ Birthdate: _____

Medication: _____ Dosage: _____

Route: _____ To be given at the following times(s): _____
May repeat medication every _____ hours

Purpose of Medication: _____

Special instructions (storage, may student carry med, etc.): _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of HCP with Prescriptive Authority

License Number

Phone Number

Date

Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!

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Please ask the pharmacist for a separate medicine bottle to keep at school. Thank you!