

Authorization for Administration of  
**Prescription Medication**  
In School

To be completed by parent or guardian

A separate form is required for each prescription  
Please make copies of this page as necessary

Students may not carry medication of any kind on their person at any time, nor keep it in their backpacks, lockers, etc. There are no exceptions except prescription inhalers or Epi-pens, which may be carried by the student and self-administered. All other medication in the building must be stored in the office for administration by an authorized staff member. Students may never, under any circumstances, give medication to another student. A first offense will result in mandatory suspension.

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I request that my child \_\_\_\_\_, receive the prescription medication described below. I will supply the medication in the original pharmacy container. I understand that only authorized FLCS staff members will administer the medication. We agree to hold Finger Lakes Christian School and its employees free from liability for any problems or complications, medical or otherwise, that arise from my child being given proper dosages of the medications listed below.

Student name \_\_\_\_\_

Condition being treated \_\_\_\_\_

Name of medication \_\_\_\_\_ Prescription date \_\_\_\_\_

Prescribed dosage, frequency and method of administration \_\_\_\_\_

Times to be taken during school hours \_\_\_\_\_

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Possible side effects and adverse reactions \_\_\_\_\_

Other recommendations \_\_\_\_\_

Name and title of licensed prescriber (please print) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Prescriptions must be in their original, labeled containers. Labeling must include the student's name.**

**Medication and refills must be brought to and from school by a parent, guardian or other responsible adult.**

**No changes will be made without written authorization from a parent or guardian.**