

Woodland Elementary School

8420 Sunbury

St. Louis, MO 63136

Medical Authorization Form

Date _____

Please read carefully and complete the entire form. Reminder, NO medications can be administered to your child without this form being completed, signed and returned to the school nurse.

Student's name: _____ Date of Birth _____

Home Address _____ Home Phone _____

Relevant Diagnosis: _____

Name of Medication: _____ Dosage: _____

Time and date to begin administering medication: _____

Possible side effects: _____

Special Instructions: _____

_____ A serious reaction could occur if the medication is not given exactly as prescribed.

_____ A serious reaction could occur from medication even when administered properly.

Describe what actions or treatment should be rendered (if/when) the adverse reaction occurs. _____

Physician's Signature _____ Date: _____

Address: _____

Phone: _____

Parent/Guardian Signature of Authorization _____