



Medication Authorization Form



Student's Name: _____ Date of Birth: _____

Reason for Medication: _____

Bay Pines Lutheran School is authorized to give the following medication(s) to the above student. **All medications or drugs (prescription and non-prescription) must come to school in the original packaging with ingredients and recommended dose listed. Please send children's medication if your child does not meet the minimum requirements for an adult dose. The student's name must be affixed to the packaging. *****Expired medication will not be administered.*******

Daily Medication (*Additional space is on the back of this paper.* →)

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

As Needed or PRN Medication (*Additional space is on the back of this paper.* →)

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

As a part of Florida State Statute 232.46, the student's parent or guardian shall provide to the school principal a written statement which shall grant to the principal or the principal's designee permission to assist in the administration of such medication and which shall explain the necessity for such medication to be provided during the school day, including any occasion when the student is away from school property on official school business. The school principal or the principal's trained designee shall assist the student in the administration of such medication.

*****Expired medication will not be administered.*****

Parent/Legal Guardian Signature: _____ Date: _____

Additional Daily Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					

Additional As Needed or PRN Medication

Medication/Dosage	Route	Frequency	Start Date	Stop Date	Considerations/Side Effects
1.					
2.					
3.					