Parent Authorization Form for the Administration of Medication
at John F. Kennedy Catholic School

_______________________________ _____________ _____________
Student's Name (Last) (First) (Middle) Birthday Date

School medications and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name (if prescription medication), name of the medication, directions for use and date.
- Authorization is renewed annually and immediately when changes occur.

_______________ __________ _____ __________
Medication/Health Care Dosage Route Time at School

Administration Instructions:____
____

Special Directives, Signs to Observe, and Side Effects:_____________________
____

Discontinue/Re-evaluate/Follow-up Date:_____________________________________

Prescription Medication Only	
______________________ Prescriber	__________ Date
______________________ Prescriber's Address	__________ Prescriber's Emergency Phone

I request the above student receive medication and/or health service at school and school activities by qualified staff, according to the prescription or nonprescription instructions, and a written record be kept. Special considerations are noted above. The information is confidential according to the Family Education Rights and Privacy Act (FERPA) and school personnel needing to know have access to the information. I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment.

______________________________ __________
Parent/Guardian Signature Date

______________________________ __________
Parent/Guardian Address Home Phone

______________________________ __________
Additional Information Work Phone/Other Phone