



Medication Authorization Form (Prescription and Over-the-Counter Medications)

Any medication that needs to be taken at Frances Xavier Warde School must be supplied in the original manufacturer's container. A completed Medication Authorization Form must be signed by the physician and uploaded onto Magnus Health. A parent signature is required on the Parent/Guardian Permission form (available as an Electronically Signed Document on Magnus). Please have your physician check the appropriate box below in order for your child to carry /self-administer allergy, asthma, or diabetic medications. Students MAY NOT carry any other medication except EpiPen's, inhalers, glucagon and insulin.

All medications are dispensed at the Nurse's Office and will be kept at school until the last day of the school year. Any medication that remains after that time will be disposed of by the school.

Student's Name: _____

Grade: _____

Allergies: _____

Physician's Orders:

Medication _____ Route _____
Dosage _____ Time/Frequency of administration _____
Prescribing start date _____ End date _____
Reason for medication _____

Medication _____ Route _____
Dosage _____ Time/Frequency of administration _____
Prescribing start date _____ End date _____
Reason for medication _____

Over-the-counter medications:

Medication _____ Route _____
Dosage _____ Time/Frequency of administration _____
Reason for medication _____

Medication _____ Route _____
Dosage _____ Time/Frequency of administration _____
Reason for medication _____

Medication _____ Route _____
Dosage _____ Time/Frequency of administration _____
Reason for medication _____

Allergy, Asthma, and Diabetic medications (e.g. EpiPen, inhaler, insulin):

Student may carry medication: Yes No

Student may self-administer: Yes No

Physician Signature (and printed name or stamp)

_____ Date _____ Phone# _____