



2022-2023 Medication Administration Authorization Form

To be completed and signed by physician/designee and parent/guardian for non-prescription and prescription medications. Authorization in effect for one school year. This form must be completed fully in order for New Garden Friends School to administer the required medication. A new Medication Administration Authorization Form must be completed at the beginning of each school year and each time there is a new medication, and when there is a change in dosage or time of administration of a medication. This form is also the authorized form used for off-campus activities, including overnight trips.

Name of Student: _____ Date of Birth: _____ Grade: _____

FORM TO BE COMPLETED BY PHYSICIAN/ MEDICAL PROVIDER

Prescribing Health Care Provider Name (please print): _____

PRESCRIPTION MEDICATION

Please list any prescription medications to be administered during the school day, including overnight field trips.

Name of Medication	Dosage	Time to be Given	Reason for Medication	Possible Side Effects	Order in Effect Until (date)

EMERGENCY MEDICATION

Emergency/rescue medications (inhalers, epinephrine auto-injectors, insulin, glucagon) will be kept in the classroom with the student or may be kept by the student.

Emergency Medication	This student may carry this medication?	This student understands the use of medication and has been instructed on how to self-administer?	Administration Instructions
	YES:____NO:____	YES:____NO:____	
	YES:____NO:____	YES:____NO:____	
	YES:____NO:____	YES:____NO:____	



NON-PRESCRIPTION MEDICATIONS

Please indicate authorized over-the-counter (OTC) medications to be given only as needed by the school Nurse or designee. Dosage and route for non-prescription medication will be administered according to manufacturer's recommendations on the label unless otherwise indicated by physician. Please note, generic or brand names may be used.

Check all that apply:

Pain Relief:	Allergy/Itch Relief:	Nausea/Vomiting/Diarrhea:
<input type="checkbox"/> Tylenol (acetaminophen) <input type="checkbox"/> Advil (ibuprofen)	<input type="checkbox"/> Benadryl (diphenhydramine) <input type="checkbox"/> Zyrtec (cetirizine) <input type="checkbox"/> Claritin (loratadine) <input type="checkbox"/> After Bite Itch Eraser <input type="checkbox"/> Anti-itch cream <input type="checkbox"/> Saline eye drops	<input type="checkbox"/> Tums <input type="checkbox"/> Dramamine (meclizine) <input type="checkbox"/> Nauzene <input type="checkbox"/> Pepcid (famotidine) <input type="checkbox"/> Loperamide (anti-diarrheal) <input type="checkbox"/> Pepto-Bismol

Please check here if all the above OTC listed are authorized to be given

Physician/Provider Signature: _____ Date: _____

Physician/Provider Address: _____

Physician Phone Number: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby give permission for my child, _____, to receive the above prescribed and non-prescribed medications as indicated in the physician/provider's order above during school hours and/or field trips. When sending in a prescription medication, I agree to send the medication to school in a container originally labeled by a pharmacist and which has written on it: the student's name, name of medication, dosage, frequency, time and method of administration, and the name of the prescribing physician.

Parent/Guardian Signature: _____ Date: _____

This form may be dropped off with the School Nurse, Ivy Lanier, along with the prescription medication. You may also give forms and medications to Renee at the front desk of the Lower School Campus or to Hanna at the front desk of the Middle and Upper School Campus. Please be aware that controlled substances, including pain medication and many ADHD medications must be given directly to Ivy. If only submitting this form for non-prescription medications, email to health@ngfs.org or fax to 336-346-3169.