New Garden Friends School

Page 1 of 2 Medication Administration Authorization Form

This form requires both healthcare provider and parent signatures!

Both sides to be completed and signed by physician/provider and parent/guardian for non-prescription and prescription medications. Authorization in effect for 12 months from the date of provider signature. This form must be completed in order for New Garden Friends School to administer medication. A new Medication Administration Authorization Form must be completed 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 used for off-campus activities, including overnight trips.

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

FORM TO BE COMPLETED BY PHYSICIAN/ MEDICAL PROVIDER

Physician/Provider Name (please print):_____

PRESCRIPTION MEDICATION or DAILY OTC MEDICATION

Please list any prescription medications or over the counter daily 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	Expires (etc: ongoing, date):

ALLERGY MEDICATION

Please list any allergy 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	Expires (etc: ongoing, 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:_____	

Physician/Provider Signature:_____ Date:_____

Physician/Provider Address:_____

Physician Phone Number:_____

Parent/Guardian name (please print):_____

Parent/Guardian Signature:_____Date:_____

→ ***Please review and sign page 2. Provider and Parent/Guardian signatures required on both sides.***

Page 2, Medication Administration Authorization Form

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

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:
☐ Tylenol (acetaminophen) ☐ Advil (ibuprofen)	☐ Benadryl (diphenhydramine) ☐ After Bite Itch Eraser ☐ Benadryl cream ☐ Cortisone cream ☐ Saline eye drops ☐ Antibacterial ointment	☐ Tums ☐ Dramamine (meclizine) ☐ Pepcid (famotidine) ☐ Loperamide (anti-diarrheal) ☐ Pepto-Bismol

Physician/Provider name (please print):_____

Physician/Provider Signature:_____ Date:_____

Physician/Provider Address:_____

Physician/Provider 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 name (please print):_____

Parent/Guardian Signature:_____Date:_____

This form may be dropped off with the School Nurse, along with the prescription medication. You may also give forms and medications to the front desk of the Lower School Campus or 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 the school nurse or designee. If only submitting this form for non-prescription medications, email to health@ngfs.org or fax to 336-346-3169.