

# JLCD-E2 - Administration of Medication to Students Authorization Form

## *JLCD-E2 - Administration of Medication to Students Authorization Form*

To be completed by the child's Health Care Provider and Parent/Guardian.

Please complete this form to allow the school nurse or designated school staff member to administer the named medication. All medication must be brought to school by an adult and will be kept in the school nurse's office. The medication must come in the original container with the student's name and prescription instructions labeled. This must be renewed annually or updated with changes to prescription.

School Year: \_\_\_\_\_ to \_\_\_\_\_

### Student Information

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

List Any Known drug allergies/reactions: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

