



Mallard Creek STEM Academy
Physician's Authorization Form - For Prescription and Non Prescription Medications

Whenever possible medications should be administered at home. If a medication is to be administered by school personnel, a Physician's Authorization Form must be completed and signed by the prescribing physician and the parent or guardian. Prescription medication must be in the most current pharmacy labeled container. Over the counter medications must be provided in the original container. A new form must be completed each school year and any time the dose or instructions change. Medication cannot be sent home with a student.

Student Name: _____ Date of Birth: _____
month/day/year

Parent Phone Number: _____ Grade: _____ Homeroom Teacher: _____

Medication: _____ (one medication per form)

Type of Medication: Circle

Tablet/Capsule Inhalation Liquid Ointment Injection Other _____

Directions/Purpose of Medication:

Dose/Time Medication is to be given at school: _____

Date of Medication to Start: _____ End: _____

Possible side effects (expected or predicted): _____

Physician's Signature

Date

I request that my child (named above) receive this medication as instructed above. I understand it is my responsibility to furnish this medication in the appropriate container to school. I give permission for school personnel to contact my child's physician regarding their medication or health condition if necessary. I understand MCSA will dispose of any unclaimed medication.

Parent Name (printed)

Parent Signature

Date