

**MEDICATION AUTHORIZATION FORM
LOYOLA ACADEMY**

Any prescribed medication which is taken at school shall be brought to the nurse's office in a container appropriately labeled by the pharmacist or physician. A completed Medical Authorization Form signed by the physician and parent must be brought with the prescribed medication. The Medication Authorization Form must also be completed and on file in the Health Office for students who have permission by the physician and parents to self administer allergy, asthma, or diabetic medications.

All medications are dispensed at the Health Office. Students may **NOT** carry any medication except Epipens, inhalers, and insulin. Medications will be held at the school until the last day of the school year. If the parent/guardian has not picked up the medicine by that time, the medication will be disposed of by the school.

Student's name _____ ID# _____

Physician's Orders:

Physician's Name _____

Medication _____ Route _____

Dosage _____ Time/Frequency of administration _____

Prescribing start date _____ End date _____

Reason for medication _____

Other medication student is taking _____

Allergy, Asthma, and Diabetic medications-e.g. Epipen, Inhaler, and Insulin
Student may carry medication? Y or N. Student may self administer? Y or N.

Physician Signature _____ Date _____

Parent's Request/Approval:

I hereby request that Loyola Academy Health Personnel administer medication to my child according to the above instructions.

Parent/Guardian signature _____ Date _____

Phone# _____