

Home Away From Home Academy

Medication Authorization & Permission Form

Dear Parent/Guardian and Physician:

Any medication, including all over-the-counter medication, administered by the personnel of Home Away From Home Academy, must be accompanied by written orders from a Physician. The blue prescription slip must be given to the school's personnel. Prescription medication must have a pharmacy label. The child's name and appropriate dosage of medication must be printed on the label. Over-the-counter medication needs to be in the original container and labeled with the child's name and dosage prescribed by the physician.

Student's Name: _____ Date of Birth: _____

Address: _____

Grade: _____ Teacher _____

Physician's Authorization:

Diagnosis/Reason: _____

Medication: _____

Dose: _____

Time or circumstance for administration at school: _____

Possible side effects to be aware of: _____

Any additional instructions or follow-up: _____

Physician's Signature: _____ Date: _____

Phone: _____

Parent/Guardian Permission:

I give permission to the staff at Home Away From Home Academy to administer the above medication to my child.

Signature: _____ Date: _____

Attach Prescription