



# Upper Dauphin Area School District

5668 STATE ROUTE 209, LYKENS, PENNSYLVANIA 17048

PHONE (717) 362-8134

## Upper Dauphin Medication Authorization Form

I hereby request and give permission to the school nurse or other authorized personnel to administer the following medication to my child:

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PARENT/PHYSICIAN REQUEST for administration of medication

\_\_\_\_\_ is under my care and should receive

Date medication administration begins: \_\_\_\_\_

Date medication administration ends: \_\_\_\_\_

Adverse reactions which should be reported to the doctor:

Special instructions for administration: \_\_\_\_\_

**SHOULD A CHANGE IN ANY OF THE ABOVE INFORMATION OCCUR, A REVISED WRITTEN PHYSICIAN'S STATEMENT MUST BE SUBMITTED.**

Physician's signature & phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICATION MUST BE BROUGHT TO SCHOOL IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST OR PHYSICIAN BY PARENT/GUARDIAN.**