

# Medication Authorization Form

For Prescription and Non-prescription Medications



*Gloria Dei Lutheran School*

## INSTRUCTIONS:

- Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
(Child's name)

**Gloria Dei Lutheran School** has my permission to administer the following medication:

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: To be completed by child's physician

I, \_\_\_\_\_ certify that it is medically necessary for the medication  
(Name of Physician)

listed below to be administered to: \_\_\_\_\_ for a duration that  
(Child's Name)  
exceeds 10 work days.

Medication: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Phone: \_\_\_\_\_