

***Authorization for Administration of Medication at Norwell High School***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_ # of Pills/Liquid provided \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be Administered: \_\_\_\_\_ How taken: By Mouth \_\_\_ Inhaled \_\_\_ Patch \_\_\_ Other \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

All medication **MUST** be in the original container. The student has the permission of the parent/guardian to bring the medication to school and take the medication home from school. If the medication is not picked up at the end of the school year, the medication will be destroyed. No medication is kept from school year to school year. I release school personnel from liability should administering this medication result in an adverse reaction. I give permission for the school nurse to communicate with the student's teacher, physician and necessary school staff about my child's health condition and the action of the medicine. I request this medicine be given on field trips as prescribed. I have read and understand the above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_