

**MEDICATION AUTHORIZATION FORM FOR MEDICATIONS WITHOUT  
STANDING ORDERS**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
SCHOOL \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ALLERGIES \_\_\_\_\_

*Note: Prescription medication must be in the original container indicating the following information: student name, medication, dose, route, time to be administered, and healthcare provider. Over-the-counter medications must be in the original container with clear labeling.*

**PARENT STATEMENT:** I request that the medication listed below be given to my child named above.

- I understand that medication must not be expired.
- I understand that in the absence of the school nurse, other trained school staff may administer medication.
- I understand that the school nurse may contact the health care provider or pharmacist regarding this treatment.
- I will notify the school immediately if the medication is changed.
- I understand that this medication will be destroyed per federal DEA requirements unless picked up by the end of the last student school day of this year.

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

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Other medications your child is taking \_\_\_\_\_

**HEALTHCARE PROVIDER STATEMENT:** This medication is required during school hours to improve or maintain the health of this student. The nurse may contact me regarding this medication. The above-named child should receive prescribed medication for the following condition: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose at School: \_\_\_\_\_

Time Given at School: \_\_\_\_\_ Beginning Date of Medication: \_\_\_\_\_

Route: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Special Instructions \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

**JONESPORT SCHOOL DEPARTMENT**

**NEPN/NSBA FILE: JLCD E-3**

Healthcare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

**Please return this form to the office for the School Nurse to review**

ADOPTED: JUNE 1, 2026

TO REPLACE POLICY JLCD E-3, REVISED NOVEMBER 3, 2005