

Authorization to Administer Medication Form

Any child requiring medication during the school or camp day is required to provide an Authorization to Administer Medication form that has been filled out by the child's parent/guardian and the child's physician. This form needs to be turned in to the office before your child's first morning of school or camp. **No medication will be accepted without receipt of completed and appropriate medication forms. A separate form is required for each medication. We can only accept the Pinecrest School/Pinecrest Summer Pavilion Authorization to Administer Medication Form.** Medication should be brought in to the school office at the beginning of the week for camp or at the beginning of the school year for school by a parent/guardian and must be picked up at the end of the week for camp or the end of the school year for school by a parent/guardian. Children may not transport their own medication. All medication must be in the original container, with the child's name, the name of the medication, and the dose of the medication indicated on the prescription label. Expired medication will not be accepted. All medications are placed in a locked location in the school office and may be dispensed only by the Head of School, Camp Director, or other authorized personnel. Students may not self-administer any medication, including cough drops or syrup, nasal spray, aspirin, insect repellent, sunscreen, or lip balm. Non-prescription medicine will not be administered.

(To be filled out by parent/guardian)

I, _____, the parent/guardian of _____, give my permission for authorized school/camp staff to administer the medication prescribed below to my child during school/camp hours. I have read and understand the above statement on Medicine Administration.

Signature of Parent/Guardian

Date

(The following should be filled out for prescription medication by a doctor)

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during school/camp hours and that this medication may be administered by authorized school/camp staff:

Reason for taking medication (diagnosis): _____

Prescription: Name of Medication: _____

Dosage: _____

Route: _____

Time(s) or interval between times to be given _____

Date of Prescription: Effective from _____ to _____

If the child is taking more than one medication, list the sequence in which medications are to be taken:

If this medication is given on an "as needed" basis, what are the indications for administration (e.g. symptoms, complaints, et cetera) and the time at which it may be given again? Please be specific:

Physician's Name (please print)

(_____) _____
Telephone Number

Signature of Physician

Date