

## Authorization to Administer Medication

I hereby authorize the School Nurse to give the following medicine(s) to  
my child

\_\_\_\_\_.

Name of Medication	Dosage	Frequency	Special Instructions	Dates to be given
<i>Example – Zyrtec tablet</i>	10mg	1 tablet by mouth	With lunch	12.03 – 22.03

I understand that all medicine(s) must be in the original container and  
properly labeled.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

