

ORANGE COUNTY PUBLIC SCHOOLS

ORLANDO, FLORIDA

Authorization for Medications

Prescriptions and Non-Prescription

My permis	ssion is hereby gra	nted to				
			School			
To assist	Last			DOB	/	/
	Last	First	Middle			
school ar	If the medication one for home ON /MAY NOT E	THE VI	ERY FIRST DO	SE OF THIS	MEDICATION	FOR CURRENT
Name of p	orescription medica	ation				
Name of p	prescribing physicia	an				
Amount to	be given/Dosage	(ex.10mg/tal	0)			
Directions	s for administering	(ex. By mou	th)			
Time to be	e given at school _					
Date to be	egin			Date to stop _		
Reason or	health problem					
Possible r	eaction to medicat	ion				
AND APP THE-COL prescripti understoo	HE-COUNTER MEDICATION MEDICATION MEDICATION MEDICATION WITH MEDICATION WITH MEDICATION M	SCHOOL NOTIONS NEI	IURSE AND MAED TO BE DO accepted in the ool personnel are	Y REQUIRE A I DSAGE SPECIFIC factory sealed of	PHYSICIAN'S C FOR AGE/ priginal contain	ORDER. OVER- WEIGHT. Non- er. It is hereby
medication MEDICAT	n is to be brough n must be trans FIONS TO SCHO tion for dispensing	sported to OL WITH 1	and from scho	ol by the parer	nt/guardian.	DO NOT SEND
Signature	of parent/guardia	n			// Date	/
()		,	1		()	
(<u>)</u> Home pho	ne	<u>(</u>) Vork phone		(<u>)</u> Cell phone/B	eeper
- 1-			-		,, -	•

Remember to advise the school immediately of changes in the phone numbers, addresses,

responsible emergency contact person, doctor, and hospital preference.

Form ID # AB0400/113-7/7FY REV 05/00



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Student Log of Medication Administration

Student's Name _				
	Last	First	Middle	

Date	Time	Name of Medication	Dosage	Signature of Person Administering Medication	Comments

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