



**SUMMER@POTOMAC**  
**MEDICATION AUTHORIZATION FORM**  
FOR PRESCRIPTION MEDICATIONS  
*Fill out one form for each medication*

All medication to be administered by the nurse must come in an appropriate pharmacy container and be labeled with the student's name. The name of the medication must be clearly displayed, along with the correct and current dosage regimen. Any changes in the medication schedule will require a change in the pharmacy container and a note to document the changes. The nurse will not accept a pharmacy container that has been altered in any way.

**Section A: To be completed by parent/guardian**

Medication Authorization for: \_\_\_\_\_  
(Child's name)

The Potomac School has my permission to administer the following medication:

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from \_\_\_\_\_ until \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B: To be completed by child's physician**

I, \_\_\_\_\_ certify that it is medically necessary for the medication  
(Name of physician)  
listed below to be administered to: \_\_\_\_\_ .  
(Child's name)

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_  
\_\_\_\_\_

This authorization is effective from \_\_\_\_\_ until \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_