

Norwalk Community Schools
Authorization for Medication Administration

Student's name _____ Grade _____

Name of medication _____

Amount to be administered _____

Time to be administered _____

Reason for medication _____

Prescription medication must be in the original prescription container. Over-the-counter medication must be in the original container and labeled with the student's name.

I request the above student be given this medication while in school according to the prescription or nonprescription instructions.

Parent/Guardian signature

Date

Daytime telephone _____

Additional Information: