



## ***Non-Prescription Medication Authorization***

*If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.*

**Student's Name:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

*I request that The Waldorf School of Atlanta, through the Administrator designee supervise/assist in the administering of medication to my child, according to the instructions below. I understand that:*

- *Medications must be in the original labeled container (no baggies, foil, etc.). Pharmacists can provide a duplicate labeled container with only the school doses.*
- *Parent/guardian must provide specific instructions, as well as the medication and related equipment to the designated school personnel in the Reception Office.*
- *It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed and a newly labeled container is provided.*
- *All medication will be taken directly to the Reception Office by the parent.*
- *Unused medication will be disposed of unless picked up within one week after medication is discontinued.*

\*\*\*\*\*

**Name of Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Route (by mouth, topical, etc):** \_\_\_\_\_

**Time(s) to be given:** \_\_\_\_\_ **Stop Medication on:** \_\_\_\_\_ **Condition/Illness**

**Requiring Medication:** \_\_\_\_\_ **Possible Side Effects, if any:**

\_\_\_\_\_ **Healthcare Provider's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

*I hereby authorize the personnel, employees and officials of The Waldorf School of Atlanta to assist my child in taking prescribed medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.*

\_\_\_\_\_  
**Parent/ Legal Guardian signature**

\_\_\_\_\_  
**Date**

**Home /Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_