

**Guidelines for Completing the Medication Authorization Form:**

- A separate form is required for each medication.
- The exact name of the medication the school will be given should be listed on the form – i.e., if medication listed is a name brand such as Ritalin, the medication provided to the school must also be Ritalin and not a generic equivalent.
- All information (name of medication, dosage, times(s) or interval between times to be given, date of prescription, special instructions, and authorization effective dates) on the top half of the form (completed by the parent/guardian) should match the information on the bottom half of the form (completed by the child’s physician).
- The “Date of Prescription: Effective from” dates should be in mm/dd/yy format.
- The “Authorization is effective from” dates should be in mm/dd/yy format.
- For long-term medications, the “authorization is effective from” dates should be 1 full calendar year; e.g.,10/03/15 to 10/02/16. The dates may not exceed 1 year.
- The form must be signed by both the parent/guardian and the physician.

***If your child’s Medication Authorization Form is not turned within one week from your child’s first day at Pinecrest OR if your form is turned in, but not complete OR if any information is missing from the form and not provided to us within one week from your child’s first day at Pinecrest, your child will not be able to attend school or camp until your form is in the office and complete.***

Authorization to Administer Medication Form

Any child requiring medication during the school or camp day is required to provide an Authorization to Administer Medication form that has been filled out by the child's parent/guardian and the child's physician. This form needs to be turned in to the office before your child's first day of school or camp. No medication will be accepted without receipt of completed and appropriate medication forms. A separate form is required for each medication. We can only accept the Pinecrest School/Summer Pavilion Authorization to Administer Medication Form. Medication should be brought in to the school office at the beginning of the week for camp or at the beginning of the school year for school by a parent/guardian and must be picked up at the end of the week for camp or the end of the school year for school by a parent/guardian. Children may not transport their own medication. All medication must be in the original container, with the child's name, the name of the medication, and the dose of the medication indicated on the prescription label. Expired medication will not be accepted. All medications are placed in a locked location in the school office and may be dispensed only by the Head of School, Camp Director, Administrative Assistant, or other authorized personnel. Students may not self-administer any medication, including cough drops or syrup, nasal spray, aspirin, insect repellent, sunscreen, or lip balm. Non-prescription medicine will not be administered.

(TO BE COMPLETED BY THE PARENT/GUARDIAN – please write clearly & neatly)

Medication authorization for: Joseph Pine (child's name). I have read and understand the above statement on medicine administration. Pinecrest School/Summer Pavilion has my permission to administer the following medication:

Name of Medication: Auvi-Q epinephrine injection

Dosage: 0.30 mg

Time(s) or interval between times to be given as needed

Date of Prescription: Effective from 12/05/14 to 12/06/15

Special Instructions (if any): none

This authorization is effective from 12/05/14 (start date) to 12/06/15 (end date). The maximum period of time for an authorization is one year.

Jane Pine
Signature of Parent/Guardian

12/05/14
Date

(TO BE COMPLETED BY THE CHILD'S PHYSICIAN FOR PRESCRIPTION MEDICATION – please write clearly & neatly)

I certify that it is medically necessary that the medication(s) listed below to be administered to (child name) during school/camp hours for a duration that exceeds 10 school/camp days.

Reason for taking medication (diagnosis): allergy to peanuts

Name of Medication: Auvi-Q epinephrine injection

Dosage: 0.30 mg

Time(s) or interval between times to be given as needed

Date of Prescription: Effective from 12/05/14 to 12/06/15

If this medication is given on an "as needed" basis, what are the indications for administration (e.g. symptoms, complaints, et cetera) and the time at which it may be given again? Please be specific:

exposure to peanuts(ingestion, touch, or inhalation) causing hives, shortness of breath, anaphlaxis

Special Instructions (if any):

This authorization is effective from 12/05/14 (start date) to 12/06/15 (end date). The maximum period of time for an authorization is one year.

Benjamin Kim
Physician's Name (please print)

( 703 ) 555-0123
Telephone Number

Benjamin Kim
Physician's Signature

12/05/14
Date

**Authorization to Administer Medication Form**

Any child requiring medication during the school or camp day is required to provide an Authorization to Administer Medication form that has been filled out by the child's parent/guardian and the child's physician. This form needs to be turned in to the office before your child's first day of school or camp. **No medication will be accepted without receipt of completed and appropriate medication forms. A separate form is required for each medication. We can only accept the Pinecrest School/Summer Pavilion Authorization to Administer Medication Form.** Medication should be brought in to the school office at the beginning of the week for camp or at the beginning of the school year for school by a parent/guardian and must be picked up at the end of the week for camp or the end of the school year for school by a parent/guardian. Children may not transport their own medication. All medication must be in the original container, with the child's name, the name of the medication, and the dose of the medication indicated on the prescription label. Expired medication will not be accepted. All medications are placed in a locked location in the school office and may be dispensed only by the Head of School, Camp Director, Administrative Assistant, or other authorized staff. Students may not self-administer any medication, including cough drops or syrup, nasal spray, aspirin, insect repellent, sunscreen, or lip balm. Non-prescription medicine will not be administered.

**(TO BE COMPLETED BY THE PARENT/GUARDIAN – please write clearly & neatly)**

Medication authorization for: \_\_\_\_\_ (child's name). I have read and understand the above statement on medicine administration. Pinecrest School/Summer Pavilion has my permission to administer the following medication:

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

Dosage: \_\_\_\_\_

Time(s) or interval between times to be given \_\_\_\_\_

Date of Prescription: Effective from \_\_\_\_\_ to \_\_\_\_\_

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

This authorization is effective from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date). The maximum period of time for an authorization is one year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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**(TO BE COMPLETED BY THE CHILD'S PHYSICIAN FOR PRESCRIPTION MEDICATION – please write clearly & neatly)**

I certify that it is medically necessary that the medication(s) listed below to be administered to \_\_\_\_\_ (child name) during school/camp hours for a duration that exceeds 10 school/camp days.

Reason for taking medication (diagnosis): \_\_\_\_\_

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

Dosage: \_\_\_\_\_

Time(s) or interval between times to be given \_\_\_\_\_

Date of Prescription: Effective from \_\_\_\_\_ to \_\_\_\_\_

If this medication is given on an "as needed" basis, what are the indications for administration (e.g. symptoms, complaints, et cetera) and the time at which it may be given again? Please be specific:

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

This authorization is effective from \_\_\_\_\_ (start date) to \_\_\_\_\_ (end date). The maximum period of time for an authorization is one year.

\_\_\_\_\_  
Physician's Name (please print)

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date