

SAINT PETER'S ACADEMY

4250 38th Avenue, Vero Beach, FL 32967 | (772) 562-1963

Medication authorization

Complete one page for each medication needed at school. A health care provider must complete the instructions.

Student name

Date of birth

School year

Condition / reason for medication

Health care provider instructions

Medication name

Strength / concentration

Dose

Route

Time / frequency

Start date

End date

If as needed: symptoms / conditions for administration

Repeat-dose interval / maximum, if applicable

Side effects / precautions / special storage

Additional instructions / self-carry directions, if applicable

Provider printed name

Provider phone

Health care provider signature

Date

Parent or guardian permission

I request administration according to the provider's instructions and school procedures. I will arrange delivery with the office and provide updates. Parent completion alone does not authorize administration or self-carry.

Acknowledgment and signature

Parent or guardian printed name

Date

Parent or guardian signature