Meadow Glade Adventist Elementary School
2024-2025
Authorization for Administration of Prescription Medication at School

Student Name:		Birth Date:
Allergies:	Grade:	Teacher

MGAES Phone 360-687-5121 / mgaes.org

Student's Name: ____ Birthdate: _______________ Grade: __________

This portion of the form is to be completed by the student's physician.

Name of Medication: ____

Dosage: ____ Route of Administration: ____________

Time of Day to be given: ____

Other Instructions: ____

I request and authorize that the above-named student be administered the above identified medication in accordance with the instructions indicated above. Medically untrained school personnel may administer medication. This form expires at the end of the school year listed above.

Physician Signature: ____ Date: _________

Physician Name (print): ____

This portion of the form is to be completed by the parent / guardian.

I certify that I am the parent / legal guardian, of the above identified student and authorize the school to administer the above identified medication as indicated above.

Parent Signature: ____ Date: __________

Date/Time: _____________________________ Dose: ____________________________ Signature: ___________________________________

Date/Time: _____________________________ Dose: ____________________________ Signature: ___________________________________

Date/Time: _____________________________ Dose: ____________________________ Signature: ___________________________________

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Date/Time: _____________________________ Dose: ____________________________ Signature: ___________________________________

Date/Time: _____________________________ Dose: ____________________________ Signature: ___________________________________

Student's Name: __________________________Medication: __________________Dose: ____________

Date/Time: ______________________________ Dose: _____________________________ Signature: ____________________________________

Date/Time: ______________________________ Dose: _____________________________ Signature: ____________________________________

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