

Cardinal School

100 SPENRYN DR, MADISON, AL 35758
(256) 690-2914 | WWW.CARDINALSCHOOL.ORG



Medication Authorization Form

It is absolutely necessary for my child to be given medication while at school. Please give my child the following medication at the time(s) and in the amount(s) indicated. I understand that any prescription drug or over-the-counter drug sent to the school must be in its original container and must be clearly labeled with my child's name, the name of the drug, and directions for administering the drug.

I also understand that a new form must be submitted for each week in order for the medication to be administered while at the school.

Student's Name: _____

Prescription Number: _____

Name of Medication: _____

Amount of Medication (to be given or applied) / Dosage: _____

Instructions (how to give or apply): _____

Time of Last Dosage (given at home): _____

Time(s) of Dosage(s) (to be given or applied at school): _____

Parent/Guardian's Name: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of School Representative: _____ Date: _____

