



MEDICATION AUTHORIZATION FORM

Student Name: _____

Contact Name: _____

Daytime Phone: _____ **Cell Phone:** _____

MEDICATION AUTHORIZATION

The administration of prescription medications by staff members of CMSAA is only permitted when a Medication Permission and Instructions Form (available at the office) is completed by the parent.

With your permission, topical and pain relief non-prescription medications may be administered as needed by staff members. A note of administration will be sent home with the student.

I give my permission for the administration of the following:

- | | |
|--------------------------|---------------------------------------|
| Antibiotic ointment | Topical antihistamine (for bug bites) |
| Neosporin ointment | Tums (stomach aches) |
| Acetaminophen (for pain) | Ibuprofen (for pain) |
| Insect repellent | Sunscreen |

Please indicate known allergies:

Parent's Signature

Date