St. Clair County Head Start
21685 U. S. Hwy.231 N. • Old Coal City School
P. O. Box 641
Pell City, Alabama 35125
Phone: (205) 338-9694   Fax: (205) 338-0259

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

(This form must be filled out by your child's doctor)

Student Information

Students Name: _____

Parents/Guardian: _____

Classroom: _____   **School Year:** _____

List any known drug allergies/reactions: _____

Prescriber Authorization

Name of Medication: _____

Reason for taking: (Optional): _____

Dosage: _____   **Route:** _____

Frequency/ Times to be given: _____

Begin Medication: _____   **Stop Medication:** _____

Special Instructions:

Does Medication require refrigeration?   Yes_____   No_____

Is Medication a controlled substance?   Yes_____   No_____

Potential side effects/Contraindications/Adverse Reactions: _____

_____

Treatment order in the event of an adverse reaction: _____

_____

_____   _____

Signature of Prescriber   **Date**

_____   _____   _____

Name of Practice   **Phone Number**   **Fax Number**

_____