



# Medication Authorization

I, \_\_\_\_\_, hereby authorize Chesterbrook Academy to administer  
*Parent/Sponsor Name*

the following medication to my child, \_\_\_\_\_.  
*Student's Name*

**Medication:** \_\_\_\_\_

**Prescription:**            Yes            No

**Dosage:** \_\_\_\_\_ **Time to be administered:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_  
*(Valid 10 days if left blank, unless emergency medication)*

**Reason for medication:** \_\_\_\_\_

## Medication Storage:

- \_\_\_\_\_ Room Temperature
- \_\_\_\_\_ Refrigerated
- \_\_\_\_\_ Emergency Medication (to be kept with the student at all times)

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Parent Signature

Date

Parents: Please note that the dosage given is the same as the recommended dose on the bottle of medication. A doctor's note will be required for any dosage that conflicts with the recommended dosage. All medication must be in the original container. This note is only good for 10 days as conditions may change within the child or the correct dosage of medication. The only exception to this policy is for emergency medications, such as epi-pens and inhalers, which expire after one year.