

**The Classical Academy of Sarasota**  
**Treatment Authorization Information**

Dear Parent/Legal Guardian:

If your child needs to have medication(s)/treatment(s) given during the school day, school policy requires that you and your doctor provide written permission for administration of FDA approved prescribed and FDA approved over-the-counter medication(s) and treatment(s).

- **Prescribed medications** must arrive in a container with the original, unaltered prescription label attached. The label must display all legal information required for a pharmacist to dispense a prescription medication such as valid issue and expiration dates, the patient's name, the medication name and dosage instructions, and the doctor's name. The label information must match the physician's order.
- **Over-the-counter medications** must arrive in the original, unopened store-issued container. Please take the time to label the container with your child's full name and birth date, the date you send the medication to school and the dosage prescribed by the doctor.
- The Medication/Treatment Authorization Form must be completed entirely and accompany any medication (either prescribed or over-the-counter) to be given to your child in school. Both a parent/legal guardian and the prescribing doctor must sign the form. Staff will not be able to administer medications to your child without this written consent.
- The parent, legal guardian, or an authorized adult must hand carry medications to the administration office. Do not send medication to school with your child.
- School administration may need to call the doctor's office for medication/treatment clarification.
- The parent or legal guardian will need to pick up the medication at the end of the school year or if the medication is discontinued or changed during the school year. If the medication is not picked up, it will be discarded.

**The Classical Academy of Sarasota**  
**Medication/Treatment Authorization Form**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

I hereby grant permission to the principal or his/her designee of The Classical Academy of Sarasota to assist in the administration of the prescribed medication and/or treatment to my child while in school and away from school while participating in official school activities (F.S. 1006.062). It is my responsibility to notify the school if and when these orders change. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication and/or treatment where the person administering such medication and/or treatment acts as a reasonably prudent person would under the same or similar circumstances.

Parent/Legal Guardian name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List child's allergies: \_\_\_\_\_

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**This section must be completed by the prescribing physician:**

The student named in this document is under my medical supervision for the diagnosis described below. I have prescribed the following medication/treatment, which is necessary to be given in school. I am aware that non-medical staff may administer this medication/treatment.

Diagnosis (for this medication/treatment): \_\_\_\_\_

Treatment: \_\_\_\_\_

Name of Medication: Brand \_\_\_\_\_ Generic \_\_\_\_\_ Strength (ie mg/tab) \_\_\_\_\_

Instructions to administer: Amount: \_\_\_\_\_ Time(s): \_\_\_\_\_

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

Route: Oral / Topical / Subcutaneous / I.M. / Inhaled / Other: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Is student authorized to carry and use asthma inhalation medication or EpiPen? YES / NO

Has student been instructed in the use of asthma inhaler or EpiPen? YES / NO

Other information: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Medication order reviewed by school administration: \_\_\_\_\_ Date: \_\_\_\_\_

Medication stopped by Parent/Guardian: Date: \_\_\_\_\_ Signature: \_\_\_\_\_