



Edgemont School District  
 Greenville School  
 Seely Place School  
 Scarsdale, New York 1058

MEDICATION AUTHORIZATION FORM

Individualized Orders for: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergies: \_\_\_\_\_

1. Standard Over-the-Counter/PRN Medications: The following medications are the only ones available in the Health Office. For any other medications, see below. These medications will be administered at the discretion of the RN only if signed approval is indicated by BOTH the student's physician and PARENT.

Drug Name	Route	Dosage	Schedule and Indications	Comments
Tylenol tablets (acetaminophen)	po		Q___ Hr. for:	
Advil tablets (ibuprofen)	po		Q___ Hr. for:	
Throat Lozenges	po		Q___ Hr. for:	
Benadryl capsules (diphenhydramine hydrochloride)	po		Q___ Hr. for:	

2. PRESCRIPTION and any other Over-the-Counter Medications: Please complete with patient's current regimen for both scheduled and PRN medications.

All medications must be provided directly to the nurse by a responsible adult in the original container with your student's name on it.

Drug Name	Route	Dosage	Schedule and Indications	Comments

Physician Signature: \_\_\_\_\_  
 License Number: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**\*\* I authorize the school RN to dispense the medication prescribed by the above physician.**

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