PHILLIPS
Programs for Children and Families

PHYSICIAN'S MEDICATION AUTHORIZATION FORM

The parent/guardian of _____ ask that PHILLIPS administer the following
(Child's Name)

medication _____ at _____,
(Name of Medication and Dosage) (Time)

in accordance to the signed Physician's Authorization to Administer Medication instructions on the lower part of this form.

PHILLIPS agrees to administer medication prescribed by a licensed physician.
It is the parent/guardian's responsibility to furnish the medication to PHILLIPS.
The parent agrees to pick up expired or unused medication within one week of notification by PHILLIPS' staff.

Prescription Medications must be delivered by the parent/guardian to PHILLIPS in the pharmaceutical container provided by the pharmacy, labeled with: student's name, name of medicine, time medicine is to be given, dosage, and name of prescribing physician.

Over-the-Counter Medication must be delivered by the parent/guardian to PHILLIPS, in the original packaged container and labeled with the student's name. The dosage of the provided medication must match the dosage indicated on the signed Physician's Authorization to Administer Medication at PHILLIPS portion of this form.

By signing this document, I give permission for my child's physician to share information about the administration of this medication with PHILLIPS staff delegated to administer medication.

_____ _____ _____
Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

_____ _____
Work Phone Home Phone

Physician's Authorization to Administer Medication at PHILLIPS

Student's Name: _____ DOB: _____

Medication: _____

Dosage: _____ Route: _____

To be administered at the following time(s): _____

Special Instructions: _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

_____ _____
Signature of Prescribing Physician Date

_____ _____
Prescribing Physician Address Prescribing Physician's Phone Number

Form Received by PHILLIPS Medication Administration Team: _____