

AUTHORIZATION FOR MEDICATION ADMINISTRATION  
2018-2019



I hereby authorize Crossroads School Inc. to administer the specified medication(s) according to the stated instructions as follows:

Medication	Dosage	Instructions

Please note the following information:

- All prescription medication must be in the original container labeled with the student's name, physician's name, date, and directions for administration. Your pharmacy will provide you with a duplicate prescription bottle if requested.
- All medication will be administered according to the instructions on the label unless you and/or your physician notify us in writing – email is sufficient.
- If your child is prone to headaches, sore throats, etc., please send any necessary medication to treat these conditions to school.
- Nonprescription medication must be in the original container labeled with the student's name, directions for administration, and the date it is brought to the school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Student Name: \_\_\_\_\_