



AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

Important Notice to Parents/Guardians: Please remember, as per state law, no medication of any kind can be self-administered by your child at The Lyceum Program without a written physician's order. Written permission slips from parents cannot be accepted. Thank you for your cooperation.

Physician Authorization

Medication must be packaged in the original or properly labeled pharmacy container.

Name _____ Age _____ Grade _____

Medication _____ Dosage _____

Time Schedule _____ Storage Requirements ☐ None ☐ Refrigerate

Duration (days, weeks, school term) _____ Diagnosis _____

This student is both capable and responsible for self-administering this medication?

☐ No ☐ Yes

Special Instructions/Conditions to observe _____

Physician Signature _____ Date _____

Physician Name _____ Phone _____

Physician Address _____

Parent/Guardian Authorization

I authorize my child to self-administer the medication as prescribed above. I do hereby release, discharge and hold harmless the Northeastern Educational Intermediate Unit, its agents and employees, from any and all liability and claim whatsoever for medication supervision of self-administration. I understand that the Northeastern Educational Intermediate Unit will not assume responsibility for medication that is lost, stolen, or left at home.

Parent/Guardian Signature _____ Date _____
