

PRESCRIPTION MEDICATION ADMINISTRATION AUTHORIZATION FORM  
Prescriptions including: EPI-Pen (self-administered) and Inhaled Medication (self-administered)

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

PARENT/GUARDIAN AUTHORIZATION

I, \_\_\_\_\_, do hereby authorize \_\_\_\_\_ to administer to my child \_\_\_\_\_ the following medication(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

Signature of Student: \_\_\_\_\_

