LINK COMMUNITY CHARTER SCHOOL

# AUTHORIZATION TO ADMINISTER MEDICATION IN SCHOOL

Student's Name _____ Grade _____

Name of Medication _____

Dosage _____

Frequency and Directions _____

Purpose of the Medication _____

Possible Side Effects _____

Physicians' Signature _____

Date _____ Phone _____

Parent/Guardian Signature _____

Daye _____ Phone _____

07/2015