

**Sudbury Public Schools
Medication Authorization
Sudbury Odyssey**

Authorization for the Sudbury Nursing Staff to dispense
over-the-counter and/or prescription medications

Over the counter medications need only a parent's signature.
All other medications require a physician's signature.

Student's name _____

Teacher _____

Over-the-counter medication

Medication _____

Dosage Instructions _____

Parent/Guardian authorization for over-the-counter medications:

I hereby request and authorize the School Nurse to administer the medications designated above.

Parent/Guardian signature _____ Date _____

Prescription Medication

Name of Medication _____ Dose _____

Dosage Instructions _____ Time to be given _____

Diagnosis _____

Possible Side effects _____

All medication should be delivered to the School Nurse in the original pharmacy container. The pharmacy label should specify the child's name, prescription date, name of medication, dosage and directions, and physician's name.

Physician's authorization for prescription medication:

I hereby request and authorize the School Nurse to administer the medications as designated above.

Physician Signature _____ Date _____

Parent Signature _____ Date _____