Smithfield Public Schools

Medication Authorization

As of July 2014 all medications, including prescription and OTC (over-the-counter) medications require a physician's signature. Medication orders must be renewed prior to the start of each school year.

Student Name:_____ D.O.B._____

Address:_____ Home Phone:_____

School: _____Gr_____ Teacher_____

I understand that special permission is required for the use of medication by students during school hours. I request that my child be given the medication described below:

Medication_____ Daily_____ PRN_____

Dose_____Route_____Time_____Frequency_____

Diagnosis/Reason for Medication_____

This medication may be:
Self- carried Yes _____ No _____ Self-administered Yes _____ No _____

Side effects_____Allergies_____

Other information_____

_____ _____

Parent/Guardian Signature **Date**

Special Requirements/Field Trip

This medication may be omitted on a field trip or activity away from school Yes____ No ____

If inhaler, this medication may be self-administered Yes _____ No _____
If inhaler, this medication may be self-carried Yes_____ No _____

**With parent and physician approval, a student may be authorized to self-carry and/or self-administer a day's supply of prescription and/or over-the-counter medication, including a controlled substance, on a field trip. Yes ____ No _____

This medication must be supplied by the parent/guardian and must be stored and transported in a properly labeled container.

_____ _____

Physician Signature Date

Revised 6/2015