

The Geneva School

Medication Administration Form

Form valid for current school year and must be renewed annually

For prescription or over-the-counter medication supplied by parent

Date: _____

I hereby give permission for my child, _____,
in grade _____, to have the following medication administered by the school nurse or
designated school personnel during the school day:

Medication: _____

Dose: _____

Time to be given: _____

Date to begin: _____ Date to end: _____

Reason to give medicine: _____

Signed: _____ Date: _____
PHYSICIAN signature required for ALL PRESCRIPTION medications

Signed: _____ Date: _____
PARENT signature required for prescription and over-the-counter medications

Medication Policy Reminders:

- All prescription medications must have a physician's and parent's signature.
- All medications administered at school must be checked in at a nurse's clinic with required authorization.
- Medication must be received in its original container and must be labeled with the student's name.
- This authorization is valid for the school year named above and must be renewed each year.