

**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 the 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.*
- *Copies of this form may be obtained from the TGS website (www.genevaschool.org) and can be faxed to TGS at (407) 332-1664.*