UCiC LEARNING CENTER MEDICATION AUTHORIZATION FORM

I authorize and request UCiC Learning Center to dispense the following medication as prescribed by a health care provider or as stated on the prescription label or container to:

Student's Name: _____

Name of Medication: _____

Amount to be given: _____

How to be given: _____

When & How often: _____

Reason to be given: _____

Start and Stop Dates: _____

How to store:

Expected side effects: _____

Is this medication for a life threatening condition? ____ Yes ____ No
If yes, please complete an Individual **Emergency Treatment Form**.

Special Instructions: _____

_____

Parent/Guardian Signature Date

Staff Use Only – Medication was given at:

Date _____Time_____Staff Signature_____.

Date _____Time_____Staff Signature_____.

Date _____Time_____Staff Signature_____.

If medication was not given please write explanation on back as to why it wasn't given.

UCiC LEARNING CENTER MEDICATION AUTHORIZATION FORM

I authorize and request UCiC Learning Center to dispense the following medication as prescribed by a health care provider or as stated on the prescription label or container to:

Student's Name: _____

Name of Medication: _____

Amount to be given: _____

How to be given: _____

When & How often: _____

Reason to be given: _____

Start and Stop Dates: _____

How to store: _____

Expected side effects: _____

Is this medication for a life threatening condition? ____ Yes ____ No
If yes, please complete an Individual **Emergency Treatment Form**.

Special Instructions: _____

_____

Parent/Guardian Signature Date

Staff Use Only – Medication was given at:

Date _____Time_____Staff Signature_____.

Date _____Time_____Staff Signature_____.

Date _____Time_____Staff Signature_____.

If medication was not given please write explanation on back as to why it wasn't given.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.

Date ____________Time____________Staff Signature____________________.