## MVCS AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

In accordance with HE C 4002.18 this form must be completed prior to the administration of any prescription or non-prescription medication.

**Prescription medication** will be administered in accordance with the printed prescription label, which must be attached to the original prescription container.

**Non-prescription medication** must be in original container and will be administered in accordance with the manufacturer's printed instructions. If there are no manufacturers' printed instructions for the age of the child, the school may administer the non-prescription medication in accordance with the written, dated and signed instructions from the child's parent, including a statement that the instructions have been reviewed/approved by the child's licensed health practitioner, or with signed, dated, written instructions from child's licensed health practitioner.

## PARENT'S AUTORIZATION

	DOB:		
lame of child			
Name of medication	Dosage	Times to administer	
Printed name and phone n	umber of child's lice	nsed health practitioner	
Parent/guardian's signatur	e		
Special instructions for adn	ninistration of non-p	prescription medication:	

## **MVCS** record of medication administration

Name of medication	Amount	Time	Date	initials