



Medication Authorization Form

Student Name _____ **Medication Allergies** _____

DOB _____ **Grade** _____

Teacher (lower school only) _____

- Only medications unable to be given outside school hours will be administered.
- All medications must be brought to and from the clinic by a parent. No medications are provided by the school.
- All medications must be in the original, current, properly labeled container from the pharmacy with clear and legible instructions along with this form completed and signed by the parent/guardian.
- All medications must be administered according to the labeled instructions.
- Please refer to the Parent/Student Handbook for the complete McKinney Christian Academy Medication Policy.

All medications must be picked up or destroyed once they expire and/or at the end of the school year.

Please select one: ☐ **Parent/Guardian will pick up** ☐ **Discard any remaining medications.**

Medication	Dose	Time/Frequency	Expiration Date	Taken Before?

*Please list each medication separately, completing each column.

By my signature below, I request and authorize McKinney Christian Academy personnel to administer the above medications. I understand the school administrator may designate unlicensed assistive personnel to administer these medications when the school nurse is unavailable. I authorize the school nurse and the prescribing physician to confidentially discuss or clarify this medication order and to discuss the student's response to the medication as required by law (Nurse Practice and Medical Practice Acts of Texas). I understand this form is valid for the current school year only.

Parent/Guardian Signature _____ **Printed Name** _____

Phone Number _____ **Email** _____ **Date** _____

Physician signature is only required under the following conditions:

- Medication label does not match parent request
- Medication is a sample
- Medication is being used for off-label purposes
- Medication is non-FDA approved (vitamins, herbals, supplements, etc.)