

**MARPLE NEWTOWN SCHOOL DISTRICT  
NEWTOWN SQUARE PENNSYLVANIA 19073  
HEALTH SERVICES DIVISION**

**Physician/Parent or Guardian Authorization – In School Medication**

**PRESCRIPTION MEDICATIONS** will not be given without this completed **Medication Authorization Form** and the **physician's prescription** on file for each request. Medication that is to be administered during the school day must be in the **pharmacy container** (A second bottle may be requested from the pharmacist). **Medications must be kept in the Health Office and not carried by students\*\***

**NON-PRESCRIPTION MEDICATION**, specifically for your child's medical condition, may be given upon **WRITTEN REQUEST** without being prescribed by a physician. Non-prescription medication that is not already available in the health office, must be provided by the parent in the original container, and **MUST BE LABELED WITH THE FOLLOWING INFORMATION: STUDENT NAME, DATE, DOSAGE AND DIRECTIONS.**

**MEDICATION THAT IS NOT IN THE ORIGINAL CONTAINER IS NOT PERMITTED IN THE SCHOOL AND WILL NOT BE ADMINISTERED.**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

IDENTIFICATION OF MEDICATION \_\_\_\_\_

DOSAGE/ROUTE (ORAL, TOPICAL, ETC): \_\_\_\_\_

TIME(S) FOR DOSAGE: \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

NAME OF PHYSICIAN/DENTIST: \_\_\_\_\_

TELEPHONE NUMBER OF PHYSICIAN/DENTIST \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Physician/Dentist if copy of prescription is not provided)

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_  
(Parent/Guardian)

**\*\* NOTE: Medications may be carried by the student and self-administered only when certain conditions are met. See your School Nurse for further information.**