



MEDICATION AUTHORIZATION FORM

Note: Please give your child needed medication at home if at all possible. If it is **absolutely necessary** for the student to take medication at School, this Medication Authorization form **must** be completed for **each** medication and submitted at the School reception prior to medication being given at School. **Please submit Medicine(s) in the original container at the School Reception with this form.**

GENERAL INFORMATION

Student's Name:	Grade:
Section: <input type="checkbox"/> Montessori <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Hifz	Campus: <input type="checkbox"/> F-8 <input type="checkbox"/> F-11 <input type="checkbox"/> H-11

MEDICATION INFORMATION

Medication Name:	
Dosage Amount:	Time to be Given:
Date(s) to be Given:	
This medication is being given for these reasons:	
Special Instructions (if applicable):	
Side Effects/Anticipated Reactions:	
When should this medication be stopped or not given:	

I authorize AIS staff to administer the above named medication to my child.

Father's/Guardian's Sign: _____

Mother's Sign: _____

Date: _____

Date: _____

Medication Administration Documentation (to be filled by School staff)

Date	Time	Dosage	Reactions Observed (if any)	Staff Signature