



## THE CAREY SCHOOL

One Carey School Lane • San Mateo, CA 94403-1299  
Phone (650) 345-8205 • Fax (650) 345-2528  
www.careyschool.org

# Authorization for Medication Administration for 2019-2020

*Parent or guardian to complete.*

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Student Name

Grade

Date of Birth

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Name of Medication

Dose

Frequency

Diagnosis/Reason

Has the student taken this medication before? If no, the first full dose should be administered at home in case of reaction.

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

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Special instructions

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Parent Signature

Relationship

Date