

## MVCA MEDICATION AUTHORIZATION FORM

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

Student's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

Doctor's signature \_\_\_\_\_  
(Prescription meds only)

Printed \_\_\_\_\_ Phone \_\_\_\_\_

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Medication	dosage	time	route
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- All medication must be in the original container from the pharmacy
- Parents must bring the medication to the Health Office with this form
- A doctor's signature is required for prescription medication only.
- Students may not have any medication (except a rescue inhaler) in their possession at any time.