TCA Medication Authorization Form
(*To Be Signed By Treating Physician*)

Student's Name:_____ Grade:_____

Medication:_____

Dosage:_____ Times:_____

Medication:_____

Dosage:_____ Times:_____

Reason for medication to be administered at TCA:_____

_____

Possible reactions or side effects:_____

_____

Expiration or end date of medication:_____

Printed Name of Doctor: _____

Signature of Doctor or stamp:_____

Phone Number:_____ Date:_____

See Reverse Side For Parent Signature Section

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Parent/Guardian Permission
(*To Be Signed By Parent Or Guardian*)

I hereby request that my student be given the medication listed in the Doctor's Authorization Form while in school or away for school activities. I understand that the law states there shall be no liability for civil damages as a result of the administration of such medication where the person administering said medication acts as an ordinary responsible prudent person should have acted under the same circumstances.

I further understand that:

1. Prescription medication can only be administered at TCA when failure to take said medication could jeopardize the student's health.
2. Medication must be brought to TCA by the parent/guardian. It must be in the original container labeled by the pharmacy with the following information and must exactly match the doctor's orders listed on the reverse side of this form.
    a. Name of student
    b. Name of doctor (licensed and authorized by Florida law to order prescription medication.)
    c. Name of medicine
    d. Dosage
    e. Instructions for administration (method and times)
    f. Indication of special storage, if needed. (ex: refrigeration)
3. I must provide all necessary supplies and equipment, including a 3-day emergency supply.
4. I will notify the school medical professional if there is a change in the student's health status, medication, or physician.
5. I will notify the school medical professional immediately and provide new consent for any changes in doctor's orders.

Printed Name of Parent/Guardian:_____

Signature of Parent/Guardian:_____

Phone Number:_____ Date:_____