



TCA Over The Counter Medication Authorization Form
(To Be Signed By Parent or Guardian)

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 Parent or Guardian: _____

Signature of Parent or Guardian: _____

Phone Number: _____ Date: _____



TCA Medication Authorization Form

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.