



**Quality Education Institute of Durham**

800 Elmira Avenue, Durham, NC 27707

Phone: (919) 680-6544

www.qeidurham.org

**Medication Authorization Form**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent A: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent B: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Authorization**

I hereby authorize the staff of Quality Education Institute of Durham (QEI) to administer the following medication(s) to my child. Below are instructions for administering the medication(s). I realize that QEI staff is administering this medication in my place and at my request. I understand that non-medical personnel conduct/oversee the administration of the medication.

\_\_\_\_\_  
**Parent/Guardian Signature**

**Date**

**PRESCRIPTION MEDICATIONS**

Medication Name: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be Administered: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Storage Instructions: \_\_\_\_\_

Special Instructions for Administration: (i.e. With/Without food...If time to administer is missed) \_\_\_\_\_

Duration of Physician's Order: Begin: \_\_\_\_\_ End: \_\_\_\_\_

Expiration Date of Medication: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Signature/Date: \_\_\_\_\_

*Where Learning Is Primary*



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**NON-PRESCRIPTION MEDICATIONS**

Medication Name: \_\_\_\_\_

Intended Use: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time to be Administered: \_\_\_\_\_

Special Instructions for Administration: (i.e. With/without food... If time to administer is missed)

\_\_\_\_\_

Expiration Date of Medication: \_\_\_\_\_

Physician's Signature/Date: \_\_\_\_\_

- *If the dosage of non-prescription medication is higher than the recommended dosage, please have physician sign above, indicating that the child can take the higher dosage.*
- *Please send medication(s) in original and/or boxes with original prescribing label.*