



Coburg Community Charter School
Authorization for Medication
Administration by School Personnel
(updated Jan. 2025)

Student Name _____ Birthdate _____
Grade _____

**I am giving school personnel permission to administer medications to my child per the following:
Parent to complete separate form for each medication and for each dosage or time change:**

Medication: _____ Non Prescription _____
Medicina Sin Recta
Dose (how much): _____ Prescription Rx number _____ Exp. Date: _____
Dosis Receta
Frequency (how often): _____ Please allow my child to self-administer this medication
Frecuencia (refer to medication policy)
____ Medication requires refrigeration ____ Medication *does not* require refrigeration

Route: (circle one) By: Mouth Ear Eye Nose Skin
Boca oido ojo nariz piel

Time: _____ Duration: Start date _____ end date _____
Hora Fechas para empezar y terminar

Reason for Medication: _____
La razon para la medicina
Special Instructions: _____

I understand I am responsible to provide this medication in the **most current pharmacy container with accurate label or manufactured packaging** and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Any discrepancy between pharmacy label directions must be accompanied by signed orders from an Oregon Licensed Prescriber per OAR 581-021-0037. Parents are required to **pick up all unused medication** by the last day of school.

All medication left at the school on the last day will be discarded.

Parent/Guardian Signature: _____ Date: _____
Phone: _____

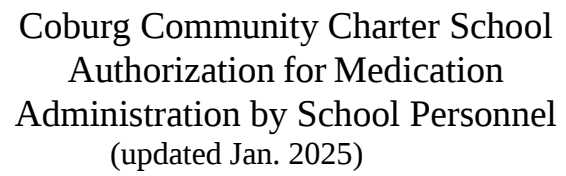
(This authorization applies only to the medication listed above and for the duration of treatment or school year).
This also authorizes an exchange of information, as necessary, between the school nurse, appropriate school personnel, and/or my child's health provider.

Health care provider's name is: _____

Health care provider's phone is: _____

ADMINISTRATOR APPROVAL*(when necessary for self-administration of medication)

Administrator Signature: _____ Date: _____



School Year 20____-____

[illegible]