



## AUTHORIZATION TO ADMINISTER MEDICATION

This form must be filled out and signed by a parent/guardian and (if applicable) treating physician. Once signed and dated, please upload the form with any required accompanying paperwork and applicable instructions to the Parent Portal at [hw.com](http://hw.com) under the tab “Medical & Health.”

*Parent/student should bring a copy of completed form and needed **medication to the attendance office** of the appropriate attending campus and also to HW Sports Medicine if the student participates in athletics. For further information or questions please contact the Community Health Office or the appropriate campus Attendance Office.*

I/we as parent(s) or legal guardian(s) of: \_\_\_\_\_ (Child’s name) give my/our permission to the staff of Harvard-Westlake School to administer medication prescribed by: \_\_\_\_\_ (Physician’s name) as indicated below:

Name of Medication	Dosage	Times to be administered	Duration (if applicable)
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Special Instructions, side effects or reactions to expect:

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Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s signature (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE NOTE: **All medication must be accompanied by this form and be kept in the appropriate office in their ORIGINAL labeled containers.** Parent/student are responsible to replenish the medication year to year and when it is expired. Thank you.