



Porter Academy

Porter Academy, Inc. does not discriminate in any way on the basis of race, color, gender, religion, or national or ethnic origin.

Authorization for Medication

Student Name _____ Date _____

Name of Medication _____ Prescription # _____

Dosage _____ Dates to be Given _____

Time to be Given (check one): 10:45 a.m. 12:35 p.m.

Prescribing Physician _____

Comments (please list any side effects) _____

* Please attach the pharmacy fact-sheet

Parent's Signature

Date



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