

Augusta School

46839 Maple Leaf Place Sterling Virginia 20164

571-434-6200

Long Term Medication Authorization Form

If a medication is required to be administered longer than ten (10) working days, Augusta School requires written authorization by the prescribing physician and parent / guardian. The following must be completed for the use of long term medication.

I certify that, in my opinion, it is medically necessary that the medication described below be administered to _____ during centers hours and that school may administer this medication.

Medicine Name: _____

Dosage and Times to be Given: _____

Duration: _____

Parent / Guardian Signature: _____ **Date:** _____

Physicians Signature: _____ **Date:** _____

Name of Physicians: _____ **Date:** _____