



**PRESBYTERIAN EAR INSTITUTE ORAL SCHOOL**  
415 Cedar St. S.E.  
Albuquerque, New Mexico 87106  
(505) 224-7037 fax (505) 224-7023

**Medication Authorization Form**  
**2008-2009 School Year**

Name of Student: \_\_\_\_\_

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

Name of Doctor who provided prescription  
and telephone #: \_\_\_\_\_

Drug strength and prescribed dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Route of administration: \_\_\_\_\_

Parent's name: (print) \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal's signature: \_\_\_\_\_ Date: \_\_\_\_\_