



Abi's Place mission is to nourish and rehabilitate children with Autism and complex disabilities, enhance their lives within society and cultivate independence.

## Medication Authorization Form

I, \_\_\_\_\_, parent of \_\_\_\_\_  
authorize Zimmerman School House dba Abi's Place personnel to administer needed daily medication.

NAME	DOSE	TIMES

All prescribed medications (prescription and over the counter) must be sent in with student in the original bottle for dispensing during school hours.

In case of emergency, we will contact you at \_\_\_\_\_.

In the event it is necessary, \_\_\_\_\_ authorizes us to give necessary medication such as Tylenol, Epi-pen, or Valium.

Pediatrician's Information: \_\_\_\_\_

Physician's orders are required for all prescription medications given at the school. Please have your child's physician complete this portion of the form and return or fax it back to (954)346-8139.

I have prescribed the above medication for the student identified in this document. I concur with the information written by me.

Physician's Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Emergency contact name/number: \_\_\_\_\_