



Sweetwater Episcopal Academy

251 East Lake Brantley Drive Longwood, FL 32779

(407) 862-1882 FAX (407) 788-1714

Student Medical Authorization Form

Date: _____ Student's Name: _____ Grade: _____

Allergic to: (drugs, food, insects, etc.) _____

Special Medication Instructions: _____

I hereby authorize and request Sweetwater Episcopal Academy to administer the following medication described below:

Name of medication _____

Dosage instructions _____ Time: _____

Starting on _____ and continue through _____

Physician: _____ Phone: _____

Address: _____

If prescription medication, a physician's signature is required:

Physician's signature _____

School: Sweetwater Episcopal Academy

I, _____ hereby approve emergency treatment by the hospital and / or physician. I will assume financial responsibility for the bills through my insurance company. I agree not to hold Sweetwater Episcopal Academy responsible in the event of any possible error.

Insurance Company _____ Policy Number _____

Address _____

Signature of Parent or Legal Guardian _____ Date _____

ALL MEDICATION MUST BE IN A CONTAINER /ZIPLOC BAG MARKED WITH STUDENT'S NAME. ALL PRESCRIPTION MEDICATION MUST BE IN THE PRESCRIPTION BOTTLE.