



Medication Authorization

Baldwin Prep School

200 Castlewood Drive, North Palm Beach, FL 33408

(561) 844-7700

www.BaldwinPrepSchool.com

PLEASE PRINT

SCHOOL YEAR: _____ Student's Name: _____

Over the counter medications filed with our office:

	Brand Name	Directions for distribution
1		
2		
3		

Prescription drugs filed with our office:

	Brand Name	Directions for distribution
1		
2		
3		

Please note that all medications must remain in their original container. Students may not carry ANY type of medication with them, nor may they keep it in their desk or locker. Please refer to the BPS Student Handbook located on the website or in the student planner.

Parent/Legal Guardian Signature: _____ Date: _____