



CAPE CHRISTIAN SCHOOL
Authorization for Administration of Medication at School
2016-2017

Parents/legal guardians asking school staff to administer medication to their child must provide written permission every school year signed by a parent or legal guardian and the child's health care provider.

Name of Student _____ Birth date _____ Grade _____

Address _____ School Year _____

Licensed Prescriber's Order for Administration of Medication by School Personnel

Medical Condition	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other Considerations/Directions: _____

Start Date: _____ Stop Date: _____

(All authorizations expire at the end of the school year.) Note: Medication must be supplied in the original/prescription bottle or a new, unopened bottle of over-the-counter medication.

 Signature of Licensed Health Care Provider (Print) Name of Licensed Health Care Provider Date

 Clinic address Clinic phone Clinic fax

Parent/Legal Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by my child's health care provider. I also request the medication(s) be given on field trips, as prescribed.
- I release school personnel from liability in the event of any adverse reactions resulting from taking the medication(s).
- I will notify the school of any change in the medication(s), i.e.-dosage change, medication stopped, etc.
- I will give permission for the school nurse to communicate, as needed, with school staff concerning my child's health condition(s) and the action of the medication(s).
- I give permission for the school nurse to consult with my child's licensed health care provider concerning any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s). (Parents will be contacted first).
- I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
- I give permission for the school nurse to send home any remaining medication with my child.

 Parent/Legal Guardian Signature Date Relationship to Student Phone number