

School Year: _____ - _____



Request for Administration of Medication (Prescription)

Name of Student:

Last Name

First Name

M.I.

Student's Grade _____ Student's Birth Date:

If a student must receive a prescription at school, a written request completed by both the licensed prescriber and the parent or guardian must be on file at the school. The medication will be administered by the school nurse, administrative assistant, the head of school, office assistant, or designated personnel.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber. This includes eye drops, ear drops, ointments, and inhalers. The label must include the name of the student, the name of the medication, the dosage, the time to be taken, the prescriber's name, and the date.

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

Unless ordered for a short term, all requests for administration of medication will expire at the end of the school year. If the parent/guardian does not pick up any unused medication, the office staff will dispose of the medication.

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TO THE LICENSED PRESCRIBER:

When it is necessary for a student to receive medication at school according to the procedure enclosed, the following information must be provided:

Name of medication: _____

Dosage: _____ Time to be administered at school: _____

Start date: _____ Stop date: _____

Medication side effects: _____

Prescriber's name (print or stamp): _____

Prescriber's signature: _____

Telephone: _____ Date: _____

TO THE PARENT/GUARDIAN:

I give permission for _____ to receive medication as prescribed above. I agree to the terms of the procedure as stated. It is understood that in instances where the student self-administers medication, Isaac Newton Christian Academy shall not in any way be responsible that said student administers the proper medication or dosage. Parents and/or legal guardians agree to save and hold harmless, completely release and excuse Isaac Newton Christian Academy and its employees of any liability or obligation of any nature in any way related to the Medication Policy and Procedure.

Parent or Guardian Signature: _____

Telephone: _____ Date: _____