

School Year: \_\_\_\_\_ - \_\_\_\_\_



## **Request for Administration of Medication (Prescription and Non-Prescription)**

Name of Student: \_\_\_\_\_  
Last Name First Name M.I.

Student's Grade \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_

If a student must receive prescription or non-prescription medication at school, a written request completed by both the licensed prescriber (for prescription medication) and the parent or guardian must be on file at the school. The medication will be administered by the 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.

No medication will be provided by the school.

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: \_\_\_\_\_