PRINCE
AVENUE CHRISTIAN SCHOOL

AUTHORIZATION TO ADMINISTER MEDICATION

If medication can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed. Please write one medication per page.

Student's Name: _____

Teacher: _____ Grade: _____

I request that **Prince Avenue Christian School**, through the school nurse or designee/assistant assist in the administering of medication to my child, according to the instructions below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.). Pharmacists can provide a duplicate labeled container with only the school doses.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment to the principal or clinic personnel.
- It will be the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed, and a newly labeled container is provided.
- All medication will be taken directly to the office/clinic by the parent/legal guardian.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

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Name of Medication: _____
Dose: _____ Route (by mouth, topical, etc.):_____
Time(s) to be given: _____ Stop Medication Date: _____
Condition/Illness Requiring Medication: _____
Possible Side Effects, if any:_____
Physician's Name: _____ Physician's Phone: _____

I hereby authorize the personnel, employees and officials of **Prince Avenue Christian School** to assist my child in taking prescribed medication and I release them from any liability for administering this medication. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form.

Parent/Legal Guardian Signature_____ Date _____

Home Phone_____ Work Phone_____ Cell Phone _____

To be completed by School Health Clinic Personnel only:

Date received: _____ Name of Medication: _____ # Doses: _____