

COVENANT CHRISTIAN ACADEMY
AUTHORIZATION FOR MEDICATION ADMINISTRATION



Student Information: Parent/Guardian to Complete

Student: _____ DOB: _____ Age: _____ Grade: _____

Child's known allergies: _____

Has the student taken this medication before? Yes _____ No _____ If no, the first full dose must be given at home to decrease the risk of the student having a negative reaction at school.

Prescription Medication: Healthcare Provider to Complete (one form for each medication)

Name of Medication: _____ Exp. Date: _____

Diagnosis/Condition for which medication is being administered: _____

Amount of dosage: _____ Route: _____ Time of administration _____

Length of time: School year _____ Other: _____

Possible side effects: None _____ See package insert (*parent must supply*): _____

Any additional side effects: _____

Describe any additional training or special instructions _____

Healthcare Provider Signature: _____ Date: _____

Healthcare provider PRINTED name / stamp: _____

Healthcare provider address: _____

Healthcare provider phone: _____

Over-The-Counter Medication: Parent/Guardian to Complete (one form for each medication)

Name of Medication: _____ Exp. Date: _____

Reason medication is to be given (unless confidential by law). Also, identify specific symptoms that will necessitate administration of medication: (*must be observable and, when possible, measurable parameters*): _____

Dosage: _____ Route: _____ Time of administration _____

Length of time: School year _____ Other: _____

Possible side effects: None: _____ Specify: _____

Describe any additional training or special instructions _____

Parental Waiver of Liability:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize Covenant Christian Academy and its employees to administer to my child the medication as specified on this form. I further acknowledge and agree that when the above medication is administered, I waive any claims I might have against Covenant Christian Academy and its employees arising out of the administration of said medicine. In addition, I agree to hold harmless and indemnify the Covenant Christian Academy and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent/Guardian Signature: _____ **Date:** _____

To Be Completed With CCA Health Office Staff

Medication received (amount/description) _____

Medication received: _____ / _____

Health Office Staff Signature/Date

Parent/Guardian Signature/Date

Medication picked up by: _____ **Date:** _____

Parent/Guardian Signature

Parent Information About Medication Procedures

Parents, please read carefully and keep at home for reference.

- **Medication should be taken at home** whenever possible so that the student can be monitored for any potential side effects.
- If it is absolutely necessary for the student to take medication at school, this “Authorization for Medication Administration” form must be received for each medication and must be submitted to the CCA health office staff prior to the medication being given at school. Medication will not be accepted without the receipt of the appropriate form.
- **The CCA health office staff must have written instructions from the healthcare provider in order to administer prescription medications.** The “Authorization for Medication Administration” form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information from the authorization medication form.
- Medication must be brought to the CCA health office by a parent/guardian. Students with diabetes, asthma, or life threatening allergies may carry life-saving medications (insulin, inhaler, Epinephrine, Auto-Injector) throughout the school day with the approval of a physician, school nurse/Clinic staff member, and parent/guardian. Otherwise, students are not permitted to transport medication to and from school or carry any medication while in school.
- **Medication Containers:**
 - Prescription medications - must be in the original pharmacy bottle with proper label containing:
 - Student's name
 - Name of medication
 - Time to be given
 - Dose/amount to be given
 - Healthcare Provider name
 - Non-prescription medications (OTC - over the counter) - must be in the original package with the name of the medicine and instructions.
- Prescription information on bottle label must match the healthcare provider information on the “Authorization for Medication Administration” form. Ask the pharmacy to provide a properly labeled bottle for school.
- Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
- **The first dose of any NEW medication must be given at home.**
- Medications will be given no more than 30 minutes before or after the prescribed time.
- Non-prescription medication will only be administered according to directions on the label. If a higher dosage is required, the “Authorization for Medication Administration” form must be signed by the healthcare provider.
- Medication kept at school will be stored in a locked area of the CCA health office accessible only to authorized school personnel.
- The student is to come to the CCA health office or to a predetermined location, at the prescribed time to receive medication.
- A new “Authorization for Medication Administration” form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
- Parents/Guardians should not bring in more than a 60 day supply of prescription medicine at a time.
- Any herbal or natural alternative medications (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an “Authorization for Medication Administration” form signed by the healthcare provider and parent/guardian.
- Unused medications **MUST** be picked up by a parent/guardian on or before the last day of school or it will be properly discarded.