

## MEDICATION AUTHORIZATION FORM

PARENT OR GUARDIAN TO COMPLETE:

We must have this form signed permitting for us to administer medication to your child.

- **Prescription** medication **MUST** be brought in a current, original, pharmacy-labeled container. This container must have the student's name, the name of the drug, dosage, and administration time. \*Parents should bring any medication to school or make prior arrangements with the school nurse before sending medication.
- **Over-the-counter** medication **MUST** be brought in the original, manufacturer's container (no loose pills in a baggie accepted). Medication will only be given according to the manufacturer's dosage directions unless documentation from the physician is provided that states otherwise. OTC medications will not be given more than 3 consecutive days unless ordered by a physician.

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Prescribed Medication: [  ] No [  ] Yes, If yes, Prescribing Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage (how much): \_\_\_\_\_ Strength (mg) \_\_\_\_\_ Time to be given: \_\_\_\_\_

\*If this is a daily medication, the time to be given must correspond with the physician's instructions on the medication bottle. List any other medication that your child is taking at this time:

\_\_\_\_\_

I hereby acknowledge that this medication may be given by the unlicensed City of Life Christian Academy staff (hereby COLCA). By signing this form, I release COLCA and its employees from any liability that may occur from the administration of this medication according to the instructions on this form. Parent/Guardian hereby gives consent to COLCA and its employees to discuss the child's medical condition or medication administration referenced above with the physician to assist them in planning for my child's care while at school or school events.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

To Be Completed By School Personnel

Form Received By: \_\_\_\_\_ Date Form Received: \_\_\_\_\_

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