



# ADMINISTRATION OF PRESCRIPTION MEDICATION CONSENT FORM

Medications must be brought to school by the parent; never by the student. The medication must be presented to the school nurse (or other appropriate personnel, should the nurse not be available) in the original container with a current date.

Metered inhalers should have the label affixed to the inhaler for easy identification or must be in the original box with a prescription label. The parent must give the first dose of prescription medication at home. The school will accept no more than a four-week (30 days) supply of prescription medication.

Medications that are no longer needed will be the parent's responsibility to pick up. Discontinued or expired medications will be discarded a week after the school nurse has notified the parent. At the end of the school year, medications will be discarded one week from the last day of school if not picked up.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Reason/Diagnosis: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Allergies: \_\_\_\_\_

Time to be given: \_\_\_\_\_ Potential reactions: \_\_\_\_\_

Start date/end date: \_\_\_\_\_

Special instructions: \_\_\_\_\_

I request that the Real Life Christian Academy School Nurse, or appropriate personnel, administer medication as this authorization directs. If there are questions regarding this medication, I authorize the School Nurse to contact the parent/guardian or ordering physician as needed throughout the school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
School Nurse Signature \_\_\_\_\_

Physician's Official Stamp



## ADMINISTRATION OF NON-PRESCRIPTION MEDICATION FORM

Non-prescription medication may be administered at school by the school nurse or appropriate school personnel when such medication is necessary for school attendance and cannot otherwise be accomplished. The non-prescription medication may be administered for 72 consecutive hours, once in the school year. Medication must be brought to school by the parent/guardian in its original, sealed container.

Medications that are no longer needed are the parent's responsibility to pick up. Discontinued or expired medications will be discarded one week after the parent has been notified. At the end of the school year, medications will be discarded one week from the last day of school if not picked up.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

Name of Medication: Reason/Diagnosis: \_\_\_\_\_  
 Dosage to be given: Allergies: \_\_\_\_\_  
 Time to be given: Potential reactions: \_\_\_\_\_  
 Start date/end date: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_  
 \_\_\_\_\_

I request that the Real Life Christian Academy School Nurse, or appropriate personnel, administer medication as directed by this authorization. If there are questions regarding this medication, I authorize the School Nurse to contact the parent/guardian or ordering physician as needed throughout the school year.

A doctor's signature is required IF:  
- a medication is necessary beyond the 72 consecutive hours OR  
- when medication needs to be taken on field trips

\_\_\_\_\_  
Parent/Guardian Signature (REQUIRED) Date

\_\_\_\_\_  
Physician Signature (IF REQUIRED) Date

Reviewed by: \_\_\_\_\_  
\_\_\_\_\_

School Nurse Signature Physician's Official Stamp