

TEMPLE CHRISTIAN ACADEMY

PARENTAL PERMISSION FOR DISPENSING MEDICATION

PLEASE PRINT

SCHOOL YEAR: _____

STUDENT NAME: _____ BIRTHDAY: _____

PARENT/GUARDIAN: _____ PHONE: _____

NAME OF MEDICATION: _____

PRESCRIPTION: _____ NON-PRESCRIPTION: _____

PURPOSE OF MEDICATION: _____

DOSAGE: _____

DATE TO **START** MEDICATION: _____ DATE TO **STOP** MEDICATION: _____

TIME OF DAY MEDICATION IS TO BE GIVEN: _____

STUDENT'S PHYSICIAN: _____ PHONE: _____

Prescription medication- Parents must take medication to the school office in the original container appropriately labeled by the pharmacy stating the name of the medication and the dosage.

Non-prescription medication- Must be taken to the school office in the original container with the student's name clearly labeled on it. Package directions will not be altered in any way.

I give my permission for my child to take the above listed medication at school as outlined. I release Temple Christian Academy and school personnel from any liability regarding any adverse drug reaction if the medication is administered as outlined above. The first dose will be given at home so that I can monitor adverse reactions.

I give my permission for the principal and/or school secretary to share this information with individuals who have responsibility for my child.

Parent/Guardian Signature

Date

Please note:

Expired medication will not be given at school.

Any medication not picked up by the last day of school will be destroyed.

Any non-prescription medication given every day for 10 consecutive days must have a physician's authorization.