



Woodcrest Christian School System Authorization for Medication Administration at School

VALID ONLY FOR CURRENT SCHOOL YEAR: 20____-20____

STUDENT NAME _____ D.O.B. _____ GRADE/TEACHER _____ STUDENT # _____

Any pupil who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by the school nurse or other designated personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent/guardian of the pupil indicating the desire that the school district assist the pupil in the matter set forth in the physician's statement. The physician will be contacted as needed for any necessary clarification.

I agree to hold **Woodcrest Christian School**, its officers or employees harmless from all liability or claims that might arise out of the above procedures.

PARENT/GUARDIAN SIGNATURE _____ HOME PHONE _____ WORK PHONE _____ DATE _____

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PHYSICIAN/PARENT AUTHORIZATION

For prescription medication: all blanks must be completed by a physician
For over-the-counter medication: all blanks must be completed by the parent/guardian

Name of Medicine(s) _____ Health Condition for which medicine Rx _____

Time(s) to be taken _____ Dosage (in mgms. or cc's) _____

Method of Administration _____ Precaution — Possible reactions _____

Date to be discontinued _____ Physician's telephone number _____

Name of physician (PLEASE PRINT) _____ Physician's signature _____ Date _____

Please return this form to your child's school office after it has been signed by the physician and/or parent/guardian. **NO MEDICATION (Rx OR OVER-THE-COUNTER) WILL BE ADMINISTERED WITHOUT THESE REQUIRED SIGNATURES.**

If this is emergency medication and must be carried and self-administered by the student, both the physician and the parent must agree and sign below.

_____/_____
Physician Parent/Guardian

All prescriptions must be delivered in original pharmacy packaging.