

Medication Administration Form Northdale Christian Academy

_____ I hereby authorize the storage and administration of medication, as well as the storage and use of necessary equipment to administer the medication, in accordance with the instructions of my child's physician. I understand that I must provide the school with the medication and equipment necessary to administer medication, including non-Ventolin inhalers. Medication is to be provided in a properly labeled original container from the pharmacy; the label on the prescription medication must include the name of the student, name and telephone number of the pharmacy, licensed prescriber's name, date and number of refills, name of medication, dosage, frequency of administration, route of administration and/or other directions. Over the counter medications and drug samples must be in the manufacturer's original container, with the student's name affixed to that container. I understand that if I provide an asthma inhaler, it must be supplied in its original and UNOPENED medication box. I further understand that I must immediately advise the principal and/or my child's teacher of any change in the prescription or instructions stated above.

_____ I understand that no student will be allowed to carry or self-administer controlled substances.

_____ I understand that this Authorization is only valid until the end of the school year.

_____ I understand that the medication will be stored in the school workroom in a locked container. (For self-administration, see the policy below.)

_____ I further understand that Northdale Christian Academy is not responsible for any adverse reaction to this medication.

_____ SELF-ADMINISTRATION OF MEDICATION: Initial this paragraph for use of an Epi-Pen, asthma inhaler and other approved self-administered medications):

I hereby certify that my child has been fully instructed and is capable of self-administration of the prescribed medication. I further authorize my child's carrying, storage and self-administration of the above-prescribed medication in school. I acknowledge that I am responsible for providing my child with such medication in containers labeled as described above, for any and all monitoring of my child's use of such medication, as well as for any and all consequences of my child's use of such medication in school.

_____ I further hereby authorize Northdale Christian Academy, their agents and employees; including the principal, and my child's teacher, to administer such medication in accordance with the instructions of my child's physician should my child be temporarily incapable of self-administering such medication.

Please Print Parent/Guardian's Name & Address Below:

Name: _____

Address: _____

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

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.
- All medication not picked up at the end of the school year will be discarded.

Medication Information:

Name of Student: _____ Date of Birth: _____

Grade: _____

Condition for which medication is being administered:

Medication Name: _____

Dose: _____ Route: _____

Time/frequency of administration: _____

Relevant side effects: None expected Specify:

Medication shall be administered from: (Month/Day/Year to Month/Day/Year)

_____ to _____