



Medication Authorization Form

School Year: _____ - _____

It is strongly recommended that medications be given at home. Parents are encouraged to confer with the student's physician to arrange medication time intervals to avoid school hours whenever possible.

1. Students requiring medication at school shall bring to the school office this completed Medication Authorization Form signed by the parent/guardian for non-prescription and prescription medication. Prescription medication requires an additional Prescription Medication Authorization Form (on the back of this page) to be completed and signed by the child's physician for each medication to be dispensed. School staff may then administer medication to the child as prescribed. All medication authorization forms must be renewed annually.
2. ALL medication must be brought to the school office by the parent/guardian. Students are not permitted to carry any medication with them in school, with the exception of properly labeled inhalers or Epi-Pens in the original prescription box.
3. ALL medication must be in the original container and labeled for school authorities. The label on the bottle must contain the name and telephone number of the pharmacy, the student's identification, name of the physician, medication name, number dispensed, strength, dose, route, times or circumstances for medication to be given, special directions for storage or dispensing. Non-prescription medication must be in the original container with the directions on the container including student's name. The prescribed medication shall be kept in a secure location in the school office. Taking the medication shall be supervised by the designated school personnel at a time conforming with the indicated schedule.
4. It is important that an accurate and confidential system of record keeping be established for each student receiving medication. The physician's medication authorization form shall be kept on file. The parents must notify the school when the drug is discontinued or the dosage or time is changed. An updated medication authorization form is required for ALL changes in medication.
5. School staff should, under no circumstances, provide any medication to students without meeting the criteria in 1 to 4 above. Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of a school and should not be practiced by any school staff.

Must be completed by Parent/Guardian requesting medication administration at school:

_____ I hereby give permission and request that an Agape Christi Academy designated staff member administer non-prescription medication to my child according to the directions I will provide with the child's medication.

_____ I hereby give permission and request that an Agape Christi Academy designated staff member comply with the order from my student's physician which is listed on page 2 of this form.

_____ I will notify the school in writing at the termination of this request or when any medication changes occur.

Student's Name: _____ Grade: _____ Date: _____

Parent/Guardian (print): _____ Signature: _____



Prescription Medication Authorization Form
(TO BE COMPLETED BY PHYSICIAN)

Student's Name: _____ Grade: _____

Name of Medication: _____ Dosage: _____ Frequency/Time: _____

Reason for Medication: _____

Possible Side Effects: _____

Effective Dates: From _____ To _____

Regarding Epi-Pens, Inhalers or other Emergency Medications:

_____ I have instructed this student on self-administration and give permission for this student to carry this medication with them and self-administer as needed. He/she should report to the school office to report use of medication.

_____ I do not feel this student is capable of self- administration. Therefore, medication must be kept in the school office and administered by the designated school staff as needed.

Regarding Field Trips:

_____ I have instructed this student on self-administration and give permission for this student to carry this medication with him/her and self-administer as needed in the presence of a school employee.

_____ This medication can safely be delayed and may be administered upon return to school.

_____ In the event that a school nurse is not available to administer medication, I recommend that this student's parent/guardian chaperone field trips for purposes of medication administration for their child.

Action Plan for Emergency Medications:

This student has the following allergies/medical conditions that may require emergency medication:

The usual symptoms for this student include:

Specific instructions for medication administration:

It is my understanding that the employees of Agape Christi Academy charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed this above medication and the student above is under my supervision for diagnosis and treatment.

Physician's name (printed): _____ Signature: _____

Date: _____ Phone # _____ Fax # _____