



Harrells Christian Academy 2019-2020

Request for Medication Administration in School

To be completed by Physician:

Student Name: _____ Grade: _____

Emergency Parent(s) Contact Numbers: _____

Name of Medication: _____

Dosage (amount to be given): _____

Times(s) to be taken at school: _____ To be given (date): _____ to _____

Contraindications for Administration: _____

Side Effects (expected or predictable): _____

*****FOR SELF-ADMINISTRATION***Emergency Medication*****Please check appropriate line
____ Student has demonstrated understanding of and ability to self administer asthma medication, diabetes
medication or medicine for anaphylactic reactions and may carry and self-administer as prescribed.
____ MDI (Metered Dose Inhaler) ____ MDI with spacer ____ EPI Pen ____ Diabetes (Insulin).
Parent or Guardian must provide and extra Inhaler/ EPI Pen to be kept at school in case of an emergency.
*****Students must have a Self-Medication Agreement Contract**

Prescribing Physician's Name (Print): _____

Office Phone Number: _____

PHYSICIAN SIGNATURE

DATE

****All Medication for use at school will be furnished by parent or guardian in labeled pharmacy container with identifying information (name of child, medication dispensed, dosage prescribed and the time to be given or taken).**

PARENT'S PERMISSION

- I hereby give permission for my child (name above) to receive medication during school hours that has been prescribed by a licensed physician.
- I agree to notify the school in writing of any changes to the information provided on this form.
- I hereby authorize the school nurse to share this information with Harrells Christian Academy staff as necessary for the safety and welfare of my child during the school year.
- I do hereby release Harrells Christian Academy, its employees, coaches and Board of Directors from all liability that may result from my child taking the prescribed medication. This consent is valid for the current school year unless revoked.
- **ALL medication should be picked up by a parent at the end of the school year. All medication not picked up will be disposed of appropriately.**

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL NURSE SIGNATURE

DATE