

Eden Christian Academy Medication Form

Authorization of In-School Dispensing of Medication

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PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

School policy states that in order to give prescription drugs and over the counter (OTC) medications other than Tylenol and Tums antacids (or Ibuprofen option at Upper School only), the School Office needs the following for each medication:

- A signed order from your child's health care provider. The form below is provided for your convenience.
- Signature from parent/guardian.
- Medication must be provided in the original pharmacy prescription container or OTC container.

It is the responsibility of the parent to obtain proper documentation.

The above requirements must be renewed every school year.

Parent/Guardian must bring medication into school – not the student.

Parents are encouraged <u>not</u> to send in (OTC) medications for the school to administer unless specifically prescribed by your child's health care provider.

Please note: Prescription or OTC medication that is not in the original container will not be permitted in school and cannot be carried by the student unless certain conditions are met. See the School Office for further information.

| STUDENT NAME: GRADE: TEACHER: | |
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| IDENTIFICATION OF MEDICATION: | |
| DOSAGE/ROUTE (ORAL, TOPICAL, ETC): | |
| TIME(S) FOR DOSAGE: | |
| DIAGNOSIS: | |
| SPECIAL INSTRUCTIONS: | |
| NAME OF PHYSICIAN/DENTIST: | |
| TELEPHONE NUMBER OF PHYSICIAN/DENTIST: | |
| PHYSICIAN SIGNATURE: DATE: | |
| PARENT SIGNATURE: DATE: | |