



# ENGLESIDE CHRISTIAN SCHOOL

## Medication Authorization

### Section 1. Parental Consent

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Date first dose of medication was given: \_\_\_\_\_

(Note: all **new** medications must first be administered by the parent outside the school setting to assure that the student will not have a negative reaction.)

*I give my consent for Engleside Christian School to administer the following medication that I have provided for ECS to my child according to the directions given below. I agree to release and hold harmless ECS and any of their staff members or agents from lawsuit, claim, expense, demand, or action, etc. against them for assisting this student with this medication, provided ECS complies with the directions below. I have read the procedures outlined on the back of this form and assume responsibilities as required.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2. Medication Description

Name of medication \_\_\_\_\_ Duration of treatment: \_\_\_\_\_

Reason for medication (diagnosis) \_\_\_\_\_

Time medicine should be administered \_\_\_\_\_ Dosage: \_\_\_\_\_

Type/Route of Medication:     Oral     Topical     Other: \_\_\_\_\_

Symptoms to Observe for "As Needed" Medicine: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects of this medicine: \_\_\_\_\_

\_\_\_\_\_

Action ECS should take if side effects are noted:                     Contact parent                     Contact physician

Other (describe): \_\_\_\_\_

### Section 3: Prescriber/Physician Authorization

Note: If medication is a prescription or an OTC medication to be used for more than ten days, this form must be signed by the prescriber or the child's physician.

Physician Name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



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### INFORMATION AND PROCEDURES

1. *Medications should be taken at home whenever possible* so that the student does not lose valuable classroom time or have a shortened lunch period. Any medication to be administered at school must have a parent- or guardian-signed authorization. Prescription medications also require the physician's authorization.
2. The parent or guardian must deliver each medication to school in its original container and complete a corresponding authorization form for each medication.
3. No medication will be accepted by school personnel without receipt of completed and appropriate medication forms.
4. A physician may use office stationery or a prescription pad in lieu of completing section 2. Required information includes: student name, date of birth, medication name, diagnosis, route, dosage, time to take medication, duration of medication, sequence if more than one medication is to be taken, physician signature and date.
5. Prescription drugs must be appropriately labeled by the pharmacist, to include the information requested in number 3 above. Over the counter medication must be in the original container labeled by the parent to include the information requested in number 3 above.
6. *The first dose of any new medication must be given at home.*
7. The parent or guardian is responsible for submitting a new form to the school each time there is a change in the dosage or in the time at which the medication is to be taken.
8. Medication kept in the school will be accessible only to authorized personnel.
9. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
10. Engleside Christian School does not assume responsibility for unauthorized medication taken independently by the student himself or herself.