MEDICATION ADMINISTRATION AUTHORIZATION

This form must be completed if medication has to be administered during school hours, on field trips or during a school chaperoned activity.

Student Name: _____ DOB: _____ Date: _____

I hereby request Twin Lakes Christian School to administer this medication to my child, according to the instructions contained in the statement below. I understand the following:

- Medications (both prescription and non-prescription) must be in the original labeled container and must match the instructions below.
- The parent/legal guardian is responsible for informing the school of any changes with the medication. New medications or new doses will not be given until a new form is completed.
- All medication should be taken directly to the school office by the parent and/or student.
- All unused or discontinued medication will be properly disposed of at the end of the school year if not picked up prior to or on the last day of school.
- Trained staff assist students with medication administration. However, school employees will not assume any liability for supervising or assisting in the administration of medication.
- Completion of this form for prescription medication authorizes Twin Lakes Christian School to discuss the medication order/request with the prescribing healthcare provider if indicated and/or needed.

I release Twin Lakes Christian School and any school employee from any liability associated with administering this medication. Parent/Legal Guardian authorization signature is needed for both prescription and non-prescription medications.

_____ _____ _____

Parent/Legal Guardian Signature **Print Name** **Date**

ONE MEDICATION PER FORM – SUBMIT FORM TO THE SCHOOL OFFICE

NON-PRESCRIPTION MEDICATION

Medication Name:		Diagnosis/Condition/Illness:
Start Date:	Stop Date:	Dosage, Route & Time of Administration:

PRESCRIPTION MEDICATION

Medication Name:		Diagnosis/Condition/Illness:
Start Date:	Stop Date:	Dosage, Route & Time of Administration:
Physician Name:		Physician Signature:

OFFICE USE ONLY

Date Received:	Expiration Date:
Completed By:	Date Returned:

**All medication is stored in the nurse's station in a locked cabinet unless refrigeration is required.