

Request for Medical Administration

School Year _____

Student Name _____ Date of Birth _____

Address _____

Primary Phone _____ Teacher and Grade _____

Parents/ Guardians First and Last Names _____

Physician's request for administration is required for all prescriptions and non-prescription medications; i.e. antibiotics, inhalers, Tylenol, cough drops, etc. Please complete a separate form for each medication.

Physician or Licensed Care Provider

Medication to be administered _____
Does this medication have a generic name? _____
Reason for medication _____ Dosage to be administered _____
Time or interval at which each dosage is to be administered _____
Possible adverse reactions _____
List of severe reactions that should be reported to the physician _____
Special instructions for storage of medication _____
____ Routine handling, medication in locked storage and administered by authorized school personnel
____ 72 hour disaster supply only
If Medical Necessity for child to carry prescription for asthma, anaphylactic shock, or diabetes:
____ Designated school personnel to administer ____ Child trained to self administer
Method of administration (oral, drops, topical) _____
Special instructions for administration of medication _____
Physicians Name (print or type) _____
Physician's Signature _____ Date _____
Address _____ Phone _____

Parent or Legal Guardian

<p>Parent Request for Administration of Medication:</p> <p>I, _____, parent/guardian of _____ request that Bethany Christian School personnel administer the medication as described above to my child in accordance with our physician's written instructions. I will notify the school immediately if there are any changes in my child's condition with the respect to the administration of medication or with any changes to the information provided in this form. I understand that it is my responsibility to send an appropriate supply of medication to school in it's original container with the printed directions on the label. Medication provided to the school in any container other than the original will not be accepted. I agree, and do hereby hold Bethany Christian School and it's employees harmless for any and all claims, demands, causes of actions, liability or loss or any sort, because of or arising out of acts or omissions with respect to this medication. I hereby give consent for school personnel to communicate with my child's physician and counsel school personnel as needed with regard to this medication. The school agrees to keep a written log of medication administered to my child in school throughout the school year. I realize that Bethany Christian School is not legally required to provide this service.</p> <p>Parent/ Guardian Signature _____ Date _____</p>
