

Summit Christian Academy

AUTHORIZATION TO DISPENSE MEDICATION

All medications must be brought directly to the nurse by the parent or guardian with this completed form.

NEVER send medication with the student.

MEDICATION MUST be in the ORIGINAL CONTAINER with the STUDENT'S NAME

Date _____

Student _____ Grade _____

Medication: _____ Dosage: _____ Time _____ Reason: _____ Exp: _____
Medication: _____ Dosage: _____ Time _____ Reason: _____ Exp: _____
Medication: _____ Dosage: _____ Time _____ Reason: _____ Exp: _____
Medication: _____ Dosage: _____ Time _____ Reason: _____ Exp: _____

Parent or Guardian's Signature _____ Phone # _____

For Asthma or Diabetes:

I authorize my child to self-administer & carry his/her prescription asthma or diabetes medication while on school property or at school-related events. **YES NO**

Parent or Guardian's Signature _____ Phone # _____

A licensed health care provider must complete the following:

This student has asthma or diabetes and is capable of self-administering the prescription medicine.
YES NO

Name of medication _____ Dosage _____

Circumstances under which the medicine may be administered _____

Health Care Provider's Signature _____ Phone # _____ Date _____

For Narcotic/Controlled Substance Medication only:

A licensed health care provider **MUST** complete the following if a narcotic/controlled substance medication is required to be administered at school.

Name of medication _____ Dosage _____

Circumstances under which the medicine may be administered _____

Licensed Health Care Provider's Signature _____

Phone # _____ Date _____

If a student requires a narcotic for pain, they should not be at school. An appropriate dose of pain control should cause drowsiness affecting the student's ability to learn. Special arrangements will be considered for long term health issues with appropriate documentation from a physician.

Please Document Medications Here

Student's Name _____ Grade _____

Medication: _____
Medication: _____
Medication: _____

Date	Time	Medication	Dosage	Reason	Staff Initials	Parent Notified