

HUMBLE CHRISTIAN SCHOOL
Authorization and Permission for Administration of Medication
 Phone: 281-441-1313 Fax: 281-441-1329

Student's Name _____ **DOB** _____
 Last **First** **MI**

General Guidelines:

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| <p>(1) Medications given more than 10 consecutive days require a physician's signature. All inhalers and epipens require physician signature.</p> <p>(2) Parent signature is required for the administration of any medication.</p> <p>(3) Prescription and non-prescription medication must be in the original container.</p> <p>(4) Changes in the administration of prescription drugs including dose and time must be in writing from the physician. Discontinuance must be in writing from the parent/guardian and/or physician.</p> <p>(5) Medication label must contain the patient name, name of the medication, directions for use and date.</p> | <p>(6) Changes in the administration of non-prescription medications must be in writing from the parent/guardian and/or physician.</p> <p>(7) Physician orders for medications are valid only for the current school year.</p> <p>(8) Permission to administer "missed doses at home" must be in writing. Fax and e-mail are permissible. Original must follow within 48 hours.</p> <p>(9) PRN meds may not be administered more than four times in one month.</p> <p>(10) Medication must be delivered to and picked up from the clinic by a parent or authorized adult.</p> |
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Parent/Guardian: Please give permission for school administration of medication

Medication _____	Dosage _____	Frequency _____	Duration _____
Start Date _____	Allergies _____		
Special Instructions _____			
Condition for which drug is to be given _____			
Medications currently taken at home _____			
Note: Non-prescription medications taken more than 4 times in a month will require a physician's order (signature is required) indicating maximum dosage allowed per month.			
Parent please sign at the bottom of the medication form.			

PHYSICIANS: PLEASE WRITE ORDER FOR SCHOOL ADMINISTRATION

Prescription medication given more than 10 days, non-prescription medication given more than 4 times in a month, or nonprescription medication when dosage is more than the recommended dosage on the container require a physician's order. All inhalers and epipens need physician signature.

Medication _____	Dosage _____	Frequency _____	Duration _____
Start Date _____	Allergies _____		
Special Instructions _____			
Condition for which drug is to be given _____			
Medications currently taken at home _____			
Physician's name (print) _____	Physician's signature _____		
Phone number _____	Fax number _____	Date _____	

I request the above named student be given the medication at school by qualified staff, according to the prescription or non-prescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the physician as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and pick up remaining medication and equipment or it will be properly destroyed.

Parent's Signature _____ **Date** _____
Daytime Phone _____ **Other phone** _____