CHRISTIAN FELLOWSHIP SCHOOL

Knowledge. Faith. Character.

Authorization for Medication Administration at Christian Fellowship School

Student _____

School Year: _____ Grade _____

PARENT/GUARDIAN PLEASE READ and COMPLETE

- I request the listed medication be given as ordered by the licensed healthcare professional.
- I understand certain medication may be administered by non-licensed staff members who have been trained and are supervised by a registered nurse.
- I understand medication information may be shared with all school staff working with my child and emergency staff, if necessary.
- All medication must be brought to the school in its original pharmacy labeled container (which serves as a medical order for the prescription).

If you wish your child to carry and/or self-administer their medication, a form (Authorization for Students to Self-Carry) must be completed by parent.

Medication Name	Diagnosis/reason for medication	Dosage	Administration method	Time(s) to be taken

I request that Christian Fellowship School nurse or staff give the above medication(s) to my child in accordance with this request (and a current prescription if med is not over-the-counter). I agree to notify the school in writing of any changes in my child's condition with respect to this medicine or with any changes to the information provided on this form. I understand that it is my responsibility to send an appropriate supply of medicine to school in its original container. I understand that the school will have limited liability while administering medicine to my child. The school agrees to keep a written record of medicine given to my child in school according to this request. I request and authorize the above-named student be administered the above identified medication in accordance with the indicated instructions from (date to begin) _____ to (date to end) _____ (not to exceed the current school year). I understand that this authorization shall be effective for this current school year and must be renewed annually.

_____

Parent /Guardian Signature Date