

Hampton Christian Academy
Parents Request for Administration of Medication
2017-2018

We attempt to discourage administration of medication at school and request that medication be scheduled to be administered beyond school hours whenever possible. We recognize that this is not always possible, however, and we will administer prescribed medications if the attached form is properly filled out and is on file in the school office. In order for the school to legally administer medication, these procedures **must** be followed:

1. Use the attached form to convey written orders from a physician detailing the name of the prescription medication, dosage, and time interval it is to be taken (note that a **PHYSICIAN'S SIGNATURE** is required.)
2. Signature of parent or guardian on the attached form requesting that the school comply with the physician's request is also required.
3. Medication must be brought to the school office by the parent or guardian -- not the student and in its original container. Prescription medication must be properly labeled by the pharmacy or physician. (Properly labeled means - clearly stating the student's name, the date, the dosage of the medication, the frequency of the doses, the physician's name and any other information which may be necessary for the proper administration of the medication.) Students may not have medication in their possession, and medication must **not** be kept in a student's desk, backpack, lunch box, or other personal items.

The school assumes no responsibility for medications transported or administered by the student himself. If caught with medication, though, it will be confiscated and returned only to a parent.

Hampton Christian Academy
Parent/Guardian Request for Administration of
Over-the-Counter and Prescription Medication
(2017-2018)

**Please fill in and sign this form and return to the school office.*

Name of child _____ Grade _____
Name of medication _____
Dosage _____ Time medication is to be administered _____

**All prescribed and over-the-counter medications require a physician's signature.
The only exception will be cough drops and that will require a parental signature.**

My child may take this medication as needed for: (check and fill in dates)

_____ Today only: Today's date is _____
_____ From (date) _____ Until (date) _____

To child's physician: This form is required before any medication can be given by school personnel. Please help us by only requesting our school personnel to administer medications that are essential to be dosed during the school day. If there is any way for the medication to be given at home, please help us by avoiding school dosages. Our school personnel may contact you if there is any question regarding the medication, to make sure we do not make an error in dispensing the medicine you prescribe.

I have examined the above child and determined that the above medication is medically necessary during school hours.

(Signature of Physician) (Date) (Physician's Telephone Number)

To the child's parent or guardian: If all of the above information is correct, please sign this form and return it to the school office. PLEASE NOTE: By your signature you are requesting, and thereby authorizing the school to administer the above medication as prescribed. If for any reason the medication hereby requested or any portion thereof is not administered as requested, you hereby release the School Board and it's officers and agents from any responsibility or liability arising therefrom.

(Parent or Guardian Signature) (Date)

NO MEDICATION WILL BE ADMINISTERED UNLESS:

1. The form is properly filled out and presented to the school office or nurse.
2. This form has all of the required signatures.
3. **The medication has been brought to the school office by the parent or guardian, not the student, in its original container and properly labeled.**