Hampton Christian Academy

Parent Request for Administration of Medication

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

1. Use this 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 requesting that the school comply with the physician's request is also required.

3. Medication must be brought to the school clinic 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.)

4. Medication must **not** be kept by the students in their desks, backpacks/bags, or lunch boxes.

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 Request for Administration of Over-the-Counter and Prescription Medication (2021-2022)

(Please fill in and sign this form and return to the school clinic.)

Name of child_____ Grade_____
Name of medication_____
Dosage_____ Time medication is to be administered_____

All prescribed and long term over-the-counter medications (those lasting longer than 10 working days) will require a physician's signature. The only exception will be as needed over-the-counter medications which 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 clinic. PLEASE NOTE: By signing this form, 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 its 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 nurse.
2. This form has all of the required signatures.
3. **The medication has been brought to the school clinic by the parent or guardian, not the student, in its original container and properly labeled.**