

AUTHORIZATION TO ADMINISTER MEDICATION
2010 - 2011
West Chester Christian School

Dear Parent:

It is the policy of West Chester Christian School to have written authorization to administer medication to a student during the school day. This written authorization releases West Chester Christian School and its employees from any and all liability. All medication must be given out through the school office.

Prescription medications: Please return this completed form **along with the medication your child is to receive to the school office. Medication must be in its original packaging** with label listing the name of the doctor, phone number, type of medication and dosage information. Please note that a Health Care Provider's (M.D./D.O., CRNP) **written order** is needed for any prescription medications.

Non-prescription medications: Please return this completed form **along with the medication in the original packaging** your child is to receive to the school office. Please note that a Health Care Provider's (M.D./D.O., CRNP) **written order is needed for any** non-prescription medications other than Tylenol, Advil, antacids, and Benadryl for serious allergic reactions.

I hereby authorize school personnel to administer the following medication during school hours according to the directions prescribed below:

Student Name: _____ Age: _____ Dob: _____

Drug Name: _____

Dosage & Time: _____

Drug Allergies: _____

You may give us written permission now to give your student the following medications when necessary. Please mark with a "Yes" or "No" next to each of these four medicines:

(generic) Tylenol _____ (generic) Advil _____ (generic) Benadryl _____ Antacid _____

Additional Comments: _____

Parent's Signature: _____

Date: _____ Phone: _____

ALL MEDICATIONS MUST BE SENT IN THEIR ORIGINAL CONTAINER