



Medication Authorization

NORTHSIDE CHRISTIAN ACADEMY WILL NOT ADMINISTER MEDICATION UNTIL WE HAVE THIS COMPLETED FORM ON FILE

This form must be completed if prescription or over the counter medication needs to be administered to your child during school hours, at any point during the school year. Each student must have his or her own form; siblings can share over-the-counter medications. A separate form is required for each student. **Please notify personnel if medicine was previously administered during the same day.**

- Prescription medications must be brought to the school health clinic in a container appropriately labeled by the pharmacy or physician, stating the name of the student, medication and dosage. No prescription medication can be given without a physician’s signature below. Prescription pain medication (e.g. Vicodin, Tylenol#3, Percocet, etc.) will not be administered by school personnel.
- Over the counter medications require **written permission** from parents, and must be brought to the school health clinic in their original container, labeled with the student’s name and explicit instructions regarding dosage/time/etc. To ensure the safety of our students, lower school parents will be contacted by phone before any over the counter medication is administered. If the parent is not reached by phone, the medication will not be given. **No over the counter medications will be supplied by the school.**

Parents must personally deliver all medications or refills to school personnel. Students will not be permitted to deliver medication or to keep medication in their book bags unless approved by school administration.

NOTE: If your child has a life threatening allergy (e.g. bee stings), be certain that the school is provided with an emergency kit and have the Food Allergy and Anaphylaxis Emergency Care Plan sheet filled out.

Student Name	Date of Birth
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Name of Medication	Dosage/Frequency	Date to start/Date to stop
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Name of Medication	Dosage/Frequency	Date to start/Date to stop
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Name of Medication	Dosage/Frequency	Date to start/Date to stop
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Name of Medication	Dosage/Frequency	Date to start/Date to stop
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Condition for which medication is being prescribed/administered

Notify parent before administering medicine? Yes No (Lower School parents will always be notified before administering medication.)

Name & Phone # of child’s Physician	Physician’s Signature (required for prescription medication)
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I, the undersigned, hereby give permission for my child to take the medication listed above, as ordered. I understand it is my responsibility to furnish this medication. I recognize that this is a service or accommodation which the school is not legally required to perform. In so signing, I agree to hold Northside Christian Academy or any of its personnel free from any or all actions, suits, liabilities, claims, debts, costs or demands whatsoever which might arise out of these arrangements.

Signature of Parent/Guardian

Date

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach me or my emergency contact person after conscientious effort, I/we give permission for school staff to call qualified medical or rescue personnel, and if necessary, for my child to be transported to medical facilities. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter. I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, optical, or surgical diagnosis or treatment, and hospital care which is deemed advisable and supervised by a physician or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I/we do hereby release, acquit, discharge and covenant to hold harmless and indemnify Northside Christian Academy, its representatives and agents from any and all actions, damages, and liabilities arising out of any accident or sickness, or treatment thereof, incurred by said child as a result of those services being provided and for any emergency medical transportation.

Signature of Parent/Guardian

Date