

Faith Christian Academy
Physician's Medication Order Form

I. For completion by Parent/Guardian

Name of Student _____ Date of Birth _____
Name of Parent/Guardian _____ Phone # _____
Name of School _____ School Year _____

To the Parent/Guardian: I hereby request that authorized staff of Faith Christian Academy administer prescribed medication as directed by the physician (Item II below). I have read the guidelines on the back of this form and assume the responsibilities as outlined.

Before a school, its agents, employees or representatives, can administer any medication to your child, you are required to sign this authorization form which signifies your request to have the medication administered, as well as your agreement to relieve the school, its agents or representatives of any responsibility resulting from the administering of said prescribed medication as set forth herein.

Parents/Guardian Signature _____
Date

II. For Completion by Authorized Prescriber (for medication given during school hours)

Drug(s)	Dosage (in mgs)	Time to be Given

The medication is to be administered until the end of the school year unless specified otherwise here _____
Date

Route of administration _____
(if administered by EpiPen, Inhaler, Nebulizer, etc., complete box below)

Possible side effects _____

Diagnosis _____

Medication by EpiPen, Inhaler, Nebulizer, etc.		
Type of device _____		
Specific directions for use _____		
Student may carry inhaler if permitted by school policy.	YES	NO

Physician or other authorized prescriber signature required.

Physician's Signature

Date

Physician's Printed Name

NKDA: <input type="checkbox"/> (No known drug allergies)
ALLERGIC TO: _____

Physician's Address

Physician's Phone Number

Faith Christian Academy

Medication Guidelines

The following medication guidelines are used at Faith Christian Academy. These guidelines enable the school health staff to provide the best possible service to your child.

1. Whenever possible, medication should be given at home.
2. The first dose of all new medication **must** be administered at home.
3. In order for medication to be given at school, the medication must be accompanied by a properly completed Physician's Medication Order Form.
4. The Administrator determines the policy regarding whether high school students may carry over the counter medication.
5. Medication must be in the original container from the pharmacy with the label intact or in the original "over the counter" container. It is also important to make sure the bottle has a current expiration date on it. Staff may not dispense outdated medication.
6. It is expected that all medication be delivered to the school office by an adult and not sent in with the student. No medication will be sent home with a student.
7. All medications are kept in the school office. The health staff will make every attempt to notify you in advance when your child's medication is getting low.
8. If your child takes medication in the morning at home, it is important to give it at the same time every day. If your child is coming to school late due to an appointment or a delayed school opening, the morning dose should be given as usual because the school dose will be given at the time ordered.
9. Antibiotics which are given three times a day are not usually given at school. Please consult your physician before bringing these medications to school.
10. All medication must be picked up by an adult at the end of the school year. **NO** medication will be sent home with your child.