Dominion Christian School
Knowledge. Truth. Wisdom.

This form must be signed by the **Doctor** if the medication is to be given for more than ten (10) days at school.

First Date to be Given: _____ **Last Date to be Given: _____**

PERMISSION FOR ADMINISTERING MEDICATION

I, _____, the parent/guardian of _____; hereby request that a member of the staff be caretaker of certain medication and treatment to my son/daughter, _____ stated in the written clearance below from our family physician, _____. I understand that the person at the school who will be caretaker of this medication or treatment may be inexperienced and untrained in this requested service.

TO BE COMPLETED BY A REGISTERED PHYSICIAN:

Must this medication be kept in the classroom rather than in the school office (typically epi-pens or inhalers)?

Physician's Initials: _____ Yes _____ No

If yes, please explain whether the medication should be kept on the student's person or by the teacher and why.

By signing below, parents release Dominion Christian School and its employees from all liability and agree to hold both the school and its employees harmless from all liability related to misuse of the medication.

Long term or emergency medication may be given at school only with written clearance from the family physician and parent. The following details must be available before administering the medication at school:

Physician's prescription:

1. Name of medication in lay language (no abbreviations):

   _____
2. Exact dosage to be given: _____
3. Exact time dosage is to be given: _____
4. Reason for medication: _____
5. In cases where more than one medication is prescribed, the order in which the medications should be administered: _____

IMPORTANT: Medication must be brought to school in the prescription bottle received from the pharmacist; also if liquid medication, a proper medicine spoon must be brought in. These medications must be given to the office.

_____ _____

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Signature of Physician **Date** **Signature of Parent** **Date**