

# SUNLIGHT CHRISTIAN ACADEMY AUTHORIZATION FOR STUDENT MEDICATION

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Diagnosis: \_\_\_\_\_ Any Known Allergy: \_\_\_\_\_  
Name of Medication: \_\_\_\_\_ Date to be Discontinued: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Specific Time: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Form of Medication:  Oral  Inhaler  Other: \_\_\_\_\_  
Desired Action of Medication: \_\_\_\_\_  
Symptoms of Adverse Reaction to Medication: \_\_\_\_\_  
Does the student take any other medication at home?  Yes  No  
If yes: Medication \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

## PHYSICIAN AUTHORIZATION

- The student has been trained and has my permission to self-administer the prescribed medication (Epi-Pen, Asthma Inhalers and Nebulizers only).
- The parent knows of this request and has agreed to provide the above medication/supplies.
- Should the student manifest any of the above symptoms which might be caused by the medication, I understand that the parent will be contacted.

Physician's Name (printed): \_\_\_\_\_ License # \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician's Telephone Number: \_\_\_\_\_

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## PARENT PERMISSION

- Medication orders are valid for one school year only and need to be renewed at the beginning of each school year.
- Medication(s) must be in original container and labeled to match physician's order for school use.
- I have the responsibility for supplying the medications needed.
- I give permission to the school to contact the above care provider for information relevant to the prescribed medication administration as appropriate to the student's safety.
- I understand that I may retrieve the medication from the school at any time, however, the medication may be destroyed if it is not picked up within one week following termination of the order or two days beyond the close of the school year.

I hereby give my permission for my child (named above) to receive medication during school hours. The medication has been prescribed by a licensed physician. I hereby release Sunlight Christian Academy and its agents and employees from any and all liability that may result from my child taking the medication.

Parent's Name (printed): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_