CENTRAL CHRISTIAN ACADEMY
145 McGovern Road, Houston, PA 15342
PH: 724-746-4902 - FAX: 724-746-5053

Physician/Parent Request for
Authorization to Administer Medications/Treatments

- Medication should be given at home in every instance unless the physician states it must be administered during school hours.
- **Prescription medicine sent to school must be in a pharmacy-labeled container. The label must show the student's name, medication, dose and time to be administered.** Parents may request that the pharmacist dispense two bottles of medication, one for home and one to keep at school.
- Over-the-counter medication will not be given unless accompanied by a parent's written directive that it be administered during school hours. **Over-the-counter medication must be provided by the parent in the original container with the child's name on it. This includes items such as tums, tylenol, advil, etc.** None of these items may be carried by the student. They must be dispensed by the health station designee. **Teachers do not dispense medication in the classroom**.
- When starting a new medication, the first dose should always be given at home in case any adverse or allergic reaction would occur.

To be completed by physician:

Student _____ Date of birth _____

Medication_____ Dose and time_____

Diagnosis for which medicine is given_____

Side effects/restriction _____

Date of request_____ Date of termination _____

STUDENTS WITH INHALERS:
Student has demonstrated the ability to recognize when an **inhaler** is needed, is capable of self-administration, and may carry their own **inhaler**: **____YES ____NO**

STUDENTS WITH EPI-PENS:
Student has demonstrated the ability to recognize when an **epi-pen** is needed, is capable of self-administration, and may carry their own **epi-pen**: **____YES ____NO**

_____ _____
Physician's Name (Printed) **Date**

_____
Physician's Signature

To be signed by parent/guardian:

I acknowledge that in complying with the Request for Authorization for Administration of Medication, and in accordance with the current physician's order, I release and indemnify Central Christian Academy, its officers, agents, and employees from liability resulting from administration of the medication or the supervision of self-administered medication.

_____ _____
Parent's Name (Printed) **Date**

_____
Parent's Signature

2016-17