



Providing a Christ-centered education which enables students to discover and glorify God, to pursue excellence in education with the Bible and Jesus Christ as our focus, and to equip students for daily living and eternal life.

CONSENT FOR MEDICATIONS AT SCHOOL

PARENT AUTHORIZATION - INDEMNITY AGREEMENT AND PHYSICIAN ORDER FOR ADMINISTRATION OF PRESCRIPTION OR OVER THE COUNTER MEDICATION(S) AT SCHOOL

STUDENT INFORMATION (To be completed by the parent):

First Name: _____ Middle: _____ Last: _____

Height: _____ Weight: _____ Date of Birth: _____ Age: _____

Grade: _____ Homeroom Teacher: _____

Parent(s)/Guardian(s) Emergency Contact Numbers:

Name: _____ Home # _____ Cell # _____ Work # _____

Other: _____ Relation: _____

The faculty/staff of Discovery Christian School do not render medical care except for First Aid. The undersigned parent(s) or guardian(s) of the student named above, a minor child, have requested personnel of Discovery Christian School to administer prescription and/or Over the Counter (OTC) medication to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. If there is not a licensed and registered school nurse available to administer medication(s) at school, it is understood that the Head of School or her designee will assign unlicensed school personnel the task of assisting the child in taking the medication. I/We understand that additional parent/prescriber signed statements will be necessary if the medication or dosage of medication is changed. I/We also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication. I/We understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, pharmacy, pharmacy number, date of prescription, name of the medication, dosage, strength, time interval, route of administration, and the date of the drug's expiration when appropriate. If the medication is over the counter (non-prescription), then it must be registered with the school nurse in the original container and the child's name must be written legibly on the bottle. All medication(s) must be registered and approved by the school nurse or the Head of School prior to administration of medication at school. I/We forever release, discharge, and covenant to hold harmless Discovery Christian School, its personnel and Board of Trustees from any and all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the administration of the medication. The undersigned agree to repay Discovery Christian School, its personnel or Trustees any sum of money, expenses, or attorney's fees that any of them may be compelled to pay in defense of any action or on account of any injury to the minor child as a result of the administration of the medicine. I have read the foregoing release and indemnity agreement and fully understand it. Executed this the _____ day of _____, 20_____.

Parent or Guardian Signature

Name Printed

Witness

PRESCRIBER AUTHORIZATION (To be completed by a Physician or Licensed Practitioner)

Name of Medication (One per form): _____ Prescription OTC

Diagnosis: _____

Dosage: _____ Route: _____ Time(s)/Frequency to be given: _____ (If PRN list frequency) _____

AND specific symptoms when to administer: _____

(i. e. head or stomach ache, wheezing, menstrual cramps, itching or other symptoms exhibited with the medical condition)

If the medication is an asthma inhaler or epinephrine/epi-pen, this student is authorized for self carry and has been instructed on and demonstrated the proper technique in administering the medication. Yes No

Prescriber Name and Title (Print)

Prescriber Signature

Date

Physician Phone #

Fax #: