HICKORY GROVE CHRISTIAN SCHOOL 2020-2021

MEDICATION ADMINISTRATION FORM

Name _____ Phone _____

Birthdate _____

In order to help protect your child's health, your consent and written authorization from a licensed healthcare provider are required when it is necessary to receive prescription and non-prescription medicines here at Hickory Grove Christian School. Medicines cannot be given to your child until this authorization has been received. A separate form is required for each medicine, and new forms are required every year. It is your responsibility to provide all medicines to be given at school. Each medicine must be in an appropriately labeled container from the pharmacy or health care provider's office or in the original over the counter package.

PARENT OR GUARDIAN'S PERMISSION: I give permission for my child to receive this medicine during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child, I absolve Hickory Grove Christian School and their employees from any and all liability whatsoever that may result from my child taking this medicine at school. I also understand that my child should not carry any medicine with them and all medicines should be kept in the health room.

_____ _____ _____

Signature of Parent | Date | FAX number

HEALTH PROFESSIONAL USE ONLY:

Medication prescribed _____

Purpose of medication _____

How often and what time (hour) _____

PLEASE LIST ALL ALLERGIES TO MEDICATIONS AND FOODS: _____

_____

_____

_____

It is necessary for this student to receive this medication during school hours in order to improve health and benefit from school attendance. Please notify the School Nurse if there are any problems.

_____ _____ _____

Signature of Health Provider | Date | FAX number