



**FAITH CHRISTIAN**  
SCHOOL

## OVER-THE-COUNTER MEDICATION POLICY

All over-the-counter medications taken during school hours must be dispensed by trained staff according to the approval submitted by Parents on the Medical Information Form in the Enrollment Packet through FACTS. **If during the school year your child requires over-the counter-medication not approved by you in the Medical Information Form, please complete this form at the time your child requires medication and return it along with the medication in the original container to Lauren Baggett . Please note, for safety reasons, medication must be turned in by a parent or guardian and must be in the original container.** School staff will administer over-the-counter medication for no more than 10 consecutive days. If a student requires an over-the-counter medication for longer than 10 consecutive days, a physician's order will be required. (Prescription medication requires a separate form and a doctor's signature.)

### Over the Counter Medication Authorization Form

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Classroom Teacher (LS students): \_\_\_\_\_

Student's known Allergies:

\_\_\_\_\_  
\_\_\_\_\_

Name of Medication: \_\_\_\_\_

Amount/Dosage and Route to Administer: \_\_\_\_\_

Frequency or Specific Time to Administer: \_\_\_\_\_

If not given on a regular basis, please describe the symptoms that would necessitate administration of the Over the Counter Medication:

\_\_\_\_\_  
\_\_\_\_\_

Reason for taking the medication: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

I hereby acknowledge that I have read and understood Faith Christian School's medication policy printed on the reverse side. I hereby release Faith Christian School and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Printed Name: \_\_\_\_\_

Cell phone number: \_\_\_\_\_ Date signed: \_\_\_\_\_