

Prescription Medication Authorization Form

*Please use a separate form for each prescription medication. This form is required only for medications your student needs to take during school hours or while on a field trip. Please note: a **physician signature** is needed for permission allowing Middle and Upper School Students to self-administer medication while in school or on field trips (see below.)*

Name of Student: _____

Birth Date: _____

Grade: _____

Classroom Teacher (LS students): _____

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 Name (printed): _____

Cell phone number: _____ Date signed: _____

***** The following section is to be completed by the prescribing physician/health care provider if prescription is kept at FCS and administered for 10 days or more. A parent or guardian may complete this form without a physician/health care provider's signature if the prescription is kept at FCS and administered for less than 10 days. The prescription medication must be brought to school by a parent or guardian in the original container with dosage information on the container.

Name of medication and purpose: _____

Medication dose & route: _____

Time of day medication is to be taken: _____

Anticipated length of time student will require medication: _____

Name of physician (printed): _____

Signature of physician: _____ Date signed: _____

Physician's office and fax numbers: _____

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Epinephrine administration device/respiratory inhaler ONLY: The above named **MUS student** is trained and able to carry his or her epinephrine/respiratory inhaler (circle one) during the school day.

Name of physician (printed): _____

Signature of physician: _____ Date signed: _____

Please note: Lower School inhalers will be kept in Lower School office and LS epi pens will be kept with LS Home Room teacher.

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Permission for Middle and Upper School Students to Self-Administer Medication on Field Trips (Grades 6-12 ONLY): The above named student may administer his or her own medication while attending off-campus activities or field trips, including overnight trips. All medication will be held by an adult but administered by the student to himself or herself.

Name of physician (printed): _____

Signature of physician: _____ Date signed: _____



FAITH CHRISTIAN SCHOOL

PRESCRIPTION MEDICATION POLICY

Preferably, students should receive medications at home under parental supervision. In some instances, it may be necessary for students to take medication during school hours. All prescription medications taken during school hours must be dispensed by trained staff or by physician trained student (Epi Pens/Inhalers) according to the following conditions:

Prescription medication will be administered to students only at the request of the parent or guardian and upon completion of the *Prescription Medication Authorization Form*. **A physician will be required to fill out the said form (see reverse side) if medication will be kept at FSC or medication needs to administered for 10 days or more.** **All prescription medications must be brought** to the Lower School or Middle and Upper School Offices **in original packaging with prescriptive information on the container/package.**

Epinephrine and Respiratory Inhalers

A middle or upper school student may be permitted to carry his or her own epinephrine administration device or respiratory inhaler if a physician signs an authorization form stating the student is trained and able to carry and self-administer the medication.

If no *Prescription Medication Authorization Form* is signed by the student's physician giving permission for a student to carry his/her own epinephrine or respiratory inhaler, then medication will be kept in an accessible location in the school office. **Trained staff will administer the needed medication and parents will be notified.**

For the safety and health of your student, no prescription medication will be given during school hours or after school activities by Faith Christian School staff unless the *Prescription Medication Authorization Form* is completed in full and on file with Faith Christian School (Sports activities have their own authorization forms).