FIRST BAPTIST CHRISTIAN ACADEMY

PHONE (281) 991-9191
FAX (281) 946-8632

AUTHORIZATION FOR ADMINISTRATION OF MEDICINE

PRESCRIPTION & NON-PRESCRIPTION

Top part to be completed by physician. Bottom part to be completed by parent/guardian. Please refer to Regulations for Administering medications to Students. Please return completed form to the school clinic.

THIS FORM IS VOID IF ALTERED IN ANY WAY

THISREQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20___ - 20____ OR EARLIER STOP DATE:_____

Student's Name:_____DOB or Age:_____

Medication:_____

Generic Name (If Used):_____

Dosage Amount:_____Time to be administered at school:_____

(If student could reasonably receive medication before or after school, the responsibility does not belong to the school)

Condition for which drug is to be given:_____

Note any possible side effects:_____

_____

INHALANT PRESCRIPTIONS

This student is both capable and responsible for self-administering this medication: _____NO ____YES

Physician/Legal Prescriber's Signature:_____

Name (Print)_____

Adress_____

Phone:_____ Date of Request:_____

I request the designated school personnel to assist my child in the administering of the above prescribed medication. I give permission for my child to take this medication at school. I understand that: (1) there is not liability on the part of First Baptist Christian Academy, it's personnel, or agents for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication should be brought to the school only by a responsible adult, not with the child; (3) this medication must be in its original labeled container; (4) this medication will be destroyed in it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first.

Parent/Guardian
Signature:_____Date:_____

Address::_____ Phone:_____

All medication orders must be renewed by the attending physician and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form

FBCA Staff Member Approval:_____ _____

Signature Printed Name