

Lincoln Christian School

AUTHORIZATION TO ADMINISTER LONG-TERM MEDICATION (For medications to be given longer than 14 days)

Student's Name: _____ Grade/Teacher: _____ School Year: _____

NOTE TO PARENTS/LEGAL GUARDIANS:

We attempt to discourage administration of medications during school hours. We request that whenever possible, medication be scheduled during non-school hours. Information shall be shared with staff on a "need to know" basis. It is the responsibility of the parent/guardian to furnish all long-term medications (prescription and over-the-counter).

Lincoln Christian School requires that all students who need medication during school hours must do the following:

1. Grades K-5: All medication shall be *delivered by the parent/legal guardian* to the school nurse.
2. The parent agrees to pickup expired or unused medication by the end of the school year or it will be discarded.
3. Present a written consent form signed by the parent or legal guardian.
4. Prescription medication must be in a container appropriately labeled and dated by the pharmacist. Please ask the pharmacist for a separate bottle for school.
5. Non-prescription medication must be in the original container and will be given up to 14 consecutive days only; administration for longer than 14 days requires a physician's order.
6. Antibiotics prescribed to be given for up to 14 days will not require a physician's note, but need to be properly labeled in a pharmacy container that can remain at school. Ask the pharmacist to prepare an additional labeled bottle for school.
7. Epi-pens and inhalers require and additional form.

PHYSICIAN: PLEASE COMPLETE AND SIGN THIS SECTION

Student's Name: _____ Date: _____

Name of Medication (no abbreviations): _____

Dosage at School: _____ Time/Frequency/Duration: _____

Reasons for Medication: _____

Possible Side Effects: _____

Other Medication(s) Currently Being Taken: _____

Physician's Name: _____
(Signature) (Printed/Stamped Name) License #

PARENT/LEGAL GUARDIAN: PLEASE COMPLETE AND SIGN THIS SECTION

I, _____ the parent/legal guardian of _____
("Student") request that the school nurse or, in the nurse's absence, the designated school employee, administer the following medication to my Student. I have given the first dose of Student's medication at home. I release Lincoln Christian School from the responsibility and liability of any side effects of this medication.

Other Medication(s) Currently Being Taken: _____

Parent/Legal Guardian's Printed Name: _____ Signature: _____

Parent/Legal Guardian's Cell #: _____ Work #: _____ Home #: _____

Date: _____ Email Address: _____