

# THE CHRISTIAN ACADEMY

*Educating the Mind, Body and Soul*

## Authorization for Administration of Medication/Health Form

**Written permission must be provided from parents/guardians when asking school staff to administer medications or provide medical treatment to your child.**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Physician Address & Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Name of Insured on policy \_\_\_\_\_

Policy #/Group # \_\_\_\_\_

My child has the following **medical concerns/allergies**:

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

My child takes the following **medications/reason**:

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

**If necessary, prescription medicine** may be brought to school by the **parent/guardian** in the original bottle with the physician's order and instructions on the label. ALL MEDICATION MUST BE KEPT IN THE SCHOOL OFFICE IN THE ORIGINAL CONTAINER.

I give permission to The Christian Academy to give my child Acetaminophen or Ibuprofen for minor aches if needed. I release school personnel from liability in the event of any adverse reactions resulting from taking this medication.

I give The Christian Academy staff permission to give my child the physician prescribed medication for cough or antibiotics as needed. I release school personnel from liability in the event of any adverse reactions resulting from taking this medication.

The school does not assume responsibility for any situation that may occur as a result of false information or lack of information. This health information may be shared with school staff as needed. If you do not want this health information shared, please contact the school office.

\*\*\*For the protection of our students, dispensing of any medications, including over the counter, non-prescription drugs, IS PROHIBITED without proper authorization from a parent, indicating the necessity of administering medication during school hours.\*\*\* To authorize, please complete this form.

In case of a medical emergency, I give The Christian Academy permission to seek immediate medical care for my child which includes personal or EMS transportation to the local hospital at parent expense. If the situation warrants immediate care and time is a factor, 911 will be called first.

Parent/Legal Guardian Signature: \_\_\_\_\_

**\*In case of an immediate emergency, please list in order whom you would like staff to contact.**

1. \_\_\_\_\_  
Name Relationship Phone Number

2. \_\_\_\_\_  
Name Relationship Phone Number

3. \_\_\_\_\_  
Name Relationship Phone Number

4. \_\_\_\_\_  
Name Relationship Phone Number