

Request for Administration of Prescription Medication at School

All medication should be given by the parent outside of school hours, if at all possible. If it is necessary for the student to have non-prescription medication in order to remain in school, this form **MUST** be completed and returned to the secretary of the school.

THE MEDICATION MUST BE SENT IN THE ORIGINAL CONTAINER/ PACKAGE WITH THE PROPER LABELING OF CONTENTS AND APPROPRIATE DOSAGES.

Recommended dosage or frequency of administration will not be exceeded without verification from physician. Trinity Baptist Temple Academy policy requires that a physician sign the request if the medication is to be given for 10 days or more during the school year.

All medications are to be kept in the school office or in the secretary's office, locked up with required signed parental consent for administration, regardless of student age or grade level.

Student Name: _____ Date: _____

Teacher: _____ Grade: _____

Brand Name of Medication: _____ Strength of Medication: _____

Generic Name of Medication: _____ Color: _____

Form of Medication (circle):

Tablet Capsule Liquid Topical Inhalation Other (specify): _____

Dosage: # of Teaspoons, # of Puffs, # of Tablets/Capsules: _____

Other (specify): _____

How often / Time of Day: _____

Reason for administration: _____

Remarks/Side Effects: _____

I give Trinity Baptist Temple Academy permission to give medication to my child named above, as requested by the physician or parent. I hereby release the school from liability due to allergic reaction.

Physician Signature

Physician Printed Name

Physician Address

Physician Telephone

Parent Signature