

## CONSENT FOR ADMINISTRATION OF MEDICINES

This form gives Doris Todd Christian Academy personnel permission to give medicine to the child named below. Please follow these directions closely.

1. A prescription medicine must be in the original container, labeled with
  - a. The Child's name
  - b. Date of prescription (if any)
  - c. Dose and time of administration
  - d. Name and phone number of physician (if any)
2. The information on the authorized container must be the same as the information on the consent form.
3. The medication will be brought by the parent and given to the school nurse or secretary.
4. To avoid repeated administration of doses, there will be one staff person responsible for administering the medication.
5. Children are not to administer medication to themselves while at school (even aspirin, Tylenol, or cough syrup). This is to protect each child against unauthorized taking or sharing of medication.
6. A new form must be filled out each time there is a change in the prescription.
7. All of the spaces in the box below must be filled out to authorize the staff to give your child the medicine.
8. Doris Todd Christian Academy will not be responsible for forgetting to administer medicine and the school reserves the right to refuse to give medicine to any child.

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medicine: \_\_\_\_\_

Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

*I authorize the staff of Doris Todd Christian Academy to help in the administration of medication as described above. Further, I agree to hold harmless and indemnify Doris Todd Christian Academy staff from any claims of damages not covered by insurance arising out of mistakes in administering the medication.*

Parent's Signature: \_\_\_\_\_

Date(s) to be given: \_\_\_\_\_

### RECORD OF MEDICATION: (for office use)

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_

Date/Time Given: \_\_\_\_\_ By: \_\_\_\_\_