

## School Medication Permission

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Physician Statement: To be completed by student's physician  
(Please note that a change in dosage requires written authorization)

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Student's Diagnosis \_\_\_\_\_

Possible Side Effect(s) \_\_\_\_\_

Other Medication(s) Student is receiving \_\_\_\_\_

Is it necessary that this medication be administered in school?    Yes    No

  

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

  

\_\_\_\_\_  
Physician's Phone Number

**Administration of medication by Trinity Oaks Christian Academy personnel is contingent upon the following guidelines:**

1. The physician's statement above must be completed.
2. We do not have a full-time nurse at TOCA. Medicine will be administered by a school secretary or other non-medical personnel.
3. The medication must be brought to the school office in a pharmaceutical container labeled with the student's name, name of the medication, the dosage and all pertinent instructions.
4. The school must store the medication in a locked cabinet.
5. The school must maintain a written record of any medication dispensed. Such record must list student's name, name of medication, time it was administered, and by whom.
6. The student's parent or guardian must renew written orders for continuing medication at the beginning of each school year and whenever the medication or its dosage is changed.

**Parent Authorization for Administration of Medication in School**

(To be completed by Parent or Guardian)

I hereby confirm that I have reviewed and understand Trinity Oaks Christian Academy's policy regarding the administration of medication in school. I hereby authorize Trinity Oaks Christian Academy and its employees in my behalf to administer or attempt to administer to my child lawfully prescribed medication in the manner described on the Physician's Statement for administration of the medication in school as listed above. In addition, I agree to hold harmless and indemnify the School and its employees from and against any and all claims, damages, and causes of action or injuries incurred or resulting from the administration or attempt to administer said medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date