

Authorization and Release

For Administering Medicine to Student at School or School-Sponsored Activity

A separate written Authorization and Release must be submitted each school year for each medicine to be administered to a student, and for each change in the dosage, time(s) and/or route of administration.

Student Name: _____
Date of Birth: _____ Grade: _____ School Year: _____
School Student Attends: <u>RIVERSIDE CHRISTIAN SCHOOL</u> Fax Number: <u>509-966-7031</u>

<i>Health Care Provider Authorization and Directions - Physician/Dentist must complete and sign this section</i>	
Name of Medicine: _____	
The Medicine is: <input type="checkbox"/> Prescription <input type="checkbox"/> Nonprescription	
Purpose of Medicine: _____	
Dosage: _____ Route of Administration: _____	
Time(s) the Medicine is to be Administered: _____	
Starting Date: _____ Ending Date: _____ <small>(All Authorizations expire at the end of the school year)</small>	
Possible Side Effects of Medication: _____	
Signature of Provider: _____ Date: _____	
Printed Name of Health Care Provider: _____ Office Phone: _____	
SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL	
Self-carry/self-administration of emergency medication such as inhalers and EpiPens® must be authorized by the prescriber. Prescriber's authorization for self-carry/self-administration of emergency medication:	
_____ <i>Signature</i>	_____ <i>Date</i>

<i>Special Instructions</i>
Prescription Medication: Must be furnished in the original pharmacy labeled container. The student's name, name of the medicine, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label.
Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or other commercial distributor of the medicine.

<i>Parent/Guardian Request, Permission and Release</i>
I hereby request and give my permission for Riverside Christian School to administer to my child the medicine named in the above Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to School personnel who may be involved in administering the medicine to my child. I hereby release and hold harmless the School and its board members, employees, and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with the administering of medicine to my child as provided above.
Signature of Parent/Guardian: _____ Date: _____



RIVERSIDE CHRISTIAN SCHOOL

MEDICATION ADMINISTRATION PERMISSION FORM 2018-2019

NON-PRESCRIPTION MEDICATIONS:

School policy dictates that students may **not** have in their possession medication of any kind, including aspirin/Tylenol, while on school grounds.

Employees of Riverside Christian School are not permitted to dispense over-the-counter medications, including aspirin/Tylenol/Ibuprofen, **unless specifically prescribed by a physician.** The reverse side of this form must be completed by a physician and returned to the school office. The medication must be brought by a parent/guardian, **in the original container**, and will be stored in and dispensed from the office. If a child has need during the school day for an over-the-counter medication not prescribed by a physician, a parent/guardian will be called to come to the school to dispense.

PRESCRIPTION MEDICATIONS:

If a student must take a prescription medication during school hours, the medication must be brought to the school office by a parent/guardian. **It must be in the original container and have the prescription label with the student's name on it.** The medication will be stored in and dispensed from the office (and refrigerated, if necessary), according to the directions given by the doctor. These instructions pertain to both elementary and high school students. The school office **will not** assume the responsibility of reminding the student to come for the medication at the prescribed time.

Students who **must** take prescription medications at school are required to have a physician/dentist complete the reverse side of this form, which must **be returned** to the school office, along with the prescription medication.

Medication Consent Form

****PHYSICIAN/DENTIST MUST COMPLETE AND SIGN THE BACK OF THIS FORM.****

My child _____ must take _____
(Name – please print)
_____ for _____ at _____.
(Name of Medication) (# of days) (Time)

I authorize personnel of Riverside Christian School to dispense said medication according to the directions of the physician on the reverse side of this form. By my signature, I agree that the school is not responsible for any side effects of any medication I have authorized the school to dispense to my child(ren). I also acknowledge that I have delegated to Riverside Christian School employees the responsibility of dispensing medicine to my student in my absence. Therefore, school personnel are absolved from any and all liability for any side effects of medication I have authorized the school to dispense.

Signature of Parent/Guardian

Date