Medication Administered at School Consent Form

All medication administered to students at Brice Christian Academy will need this completed form on file including a physician's signature.

Student Name _____ Grade _____

Home Phone _____ Parent Cell Phone_____

Address _____

Parent / Guardian Signature _____ Date _____

Physician Approval

The above student is under my care and should receive the following medication during school hours.

Name of Drug _____

Reason for Medication _____

Dosage _____ Approximate Time to Administer _____

Start date _____ Discontinue date _____

How to administer the drug:

- ☐ Oral (by mouth)
- ☐ Under tongue
- ☐ other_____

Is this medication for emergencies only?

- ☐ Yes
- ☐ No

Physician Name _____ Office Phone _____

Physician Signature _____ Date _____

I have reviewed this form and understand the information on it. I understand that I am authorized by the Principal/Administrator to administer the above medication to the student listed above.

Health Clinic Aid: _____ Received on: _____

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