

COEUR D'ALENE CHARTER ACADEMY

MEDICATION ADMINISTRATION AUTHORIZATION

For the protection of your child and the Academy, we ask that the following procedures be followed if you would like your son/daughter to take medicine while at school:

1. Parent or legal guardian must complete and sign the Medical Administration Authorization form (below) and bring it with medication to the school office.
2. The medication must be in the original container with the student's name clearly visible on the bottle; (no baggies or pillboxes allowed).
3. The medication authorization must be delivered in person by the parent or legal guardian, not the student.
4. The medication will be administered to the student by the school secretary (or other authorized staff member) in the school office. No medicines of any kind may be retained by the student in lockers or backpacks.

AUTHORIZATION FOR MEDICATION ADMINISTRATION

Name of student	Date of Birth	Grade
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Parent/Guardian Name(s)

Home Phone	Work Phone
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1. _____
Physician's name & phone #

2. _____
Name of medication

3. _____
How much medication should be given

4. _____
How often is medication to be given

5. _____
Reason medication is to be given

6. _____
Possible reaction to medication (symptoms, side effects, etc.)

Physician's Signature <i>(Required if medication exceeds normal dose range)</i>	Date
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PARENT/GUARDIAN REQUEST/APPROVAL

I certify that I am the parent or guardian of the above named student. I request and authorize school personnel to dispense the above named medication in accordance with the prescription, doctor's orders or as indicated above.

Parent/Guardian Signature	Date
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Print Name