



COEUR D'ALENE CHARTER ACADEMY PRESCRIPTION MEDICATION ADMINISTRATION AUTHORIZATION

For the protection of your child and the Academy, we ask that the following procedures be followed if your child needs to take medicine while at school:

- Parent or legal guardian must complete and sign the Prescription Medication Administration Authorization form and bring it with the medication in the original container with the student's name clearly visible on the bottle to the school office.
- The medication authorization must be delivered in person by the parent or legal guardian, not the student.
- The medication will be administered to the student and logged by the school office staff (or other authorized staff member).
- No medication of any kind may be retained by the student; including in their lockers or backpacks.

AUTHORIZATION FOR PRESCRIPTION MEDICATION ADMINISTRATION

Name of student _____ Date of Birth _____ Grade _____

Print Parent/Guardian Name(s) _____

Cell Phone _____ Work Phone _____

1. _____
Name of medication
2. _____
How much medication should be given?
3. _____
How often is medication to be given?
4. _____
Reason medication is to be given?
5. _____
Possible reactions to medication (symptoms, side effects, etc.)?
6. _____
Physician's name & phone number

Physician's Signature _____ Date _____
(ONLY required if medication exceeds normal dose range as indicated on prescription label.)

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 _____

Medication picked up at end of school year. _____ (Parent initial) Date picked up: _____