

# PRESCRIBED MEDICATION AUTHORIZATION FORM

## TO BE COMPLETED BY PHYSICIAN

I certify that, in my opinion, it is medically necessary that the medication described below be administered to \_\_\_\_\_ during school hours by school personnel.

Student \_\_\_\_\_ DOB \_\_\_\_\_

Reason for medication \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage and time \_\_\_\_\_

Symptoms for repeating medication \_\_\_\_\_

Duration \_\_\_\_\_

Date of prescription \_\_\_\_\_

Date \_\_\_\_\_ Name of physician \_\_\_\_\_

Please Print

Signature of physician \_\_\_\_\_

**NOTE: Please return this form with medication, or have your physician mail or fax it to Evangel Christian School at 703 680 7268.**

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## OVER-THE-COUNTER MEDICATION REQUEST

Student \_\_\_\_\_ DOB \_\_\_\_\_

Reason(s) medication is to be given \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage and time to be given at school \_\_\_\_\_

Duration \_\_\_\_\_

I, \_\_\_\_\_ the parent/legal custodian of \_\_\_\_\_, request that the principal's designees administer the above medication during school hours and at the times indicated. I agree to furnish the medication in the **ORIGINAL** container supplied by the pharmacy with the label intact. I understand and accept that Evangel, its employees, agents or designees are not responsible for any effects of the medication administered. **A physician must authorize in writing any non-prescription medication that is to be given for more than three (3) consecutive school days or manufacturer's recommendation, whichever is less.**

Date \_\_\_\_\_

Signature of Parent/Legal Custodian \_\_\_\_\_

**RELEASE AND INDEMNIFICATION AGREEMENT BY PARENTS  
REQUESTING EVANGEL CHRISTIAN SCHOOL TO DISPENSE  
MEDICATION TO STUDENTS**

Complete a separate form for each student to receive medication.

**FOR AND IN CONSIDERATION** of the service of Evangel Christian School administering medicine to my/our child at my/our request, I/we, the undersigned parents and/or guardian of \_\_\_\_\_, do forever release and covenant to hold harmless Evangel Christian School (hereinafter "Evangel"), and its employees, representatives, and agents from any and all claims or causes of action for injuries, costs, or other damages which I/we or our/my child may hereafter have as a result of the dispensing of medicine by Evangel pursuant to this agreement whether or not caused or contributed to by any negligence or alleged negligence on the part of Evangel, its agents or employees.

**I/WE FURTHER PROMISE** to bind myself/ourselves, my/our heirs, administrators, and executors to repay to Evangel, and its employees, agents, and representatives, any sum of money that it/they may hereafter be compelled to pay in any way connected with the dispensing of medicine by Evangel pursuant to this agreement.

**IT IS FURTHER AGREED AND UNDERSTOOD** that I /we request Evangel to administer medicine to my/our child in the manner noted on the physician's authorization. The medicine is medically necessary, and I/we request this service as I/we find that I/we cannot personally administer the medicine during school hours.

**IT IS FURTHER AGREED AND UNDERSTOOD** that Evangel is not able to provide medical staff to administer medicine and, therefore, the person dispensing the medicine may be a school staff member trained to administer medication. It is my/our responsibility to decide whether to entrust administration of medication to a staff member so designated.

**IT IS FURTHER AGREED AND UNDERSTOOD** that it is my/our responsibility to ensure that the medicine is properly labeled as to its nature and the means of its administration. It is also my/our responsibility to ensure that the medicine is fresh and adequately stored, and that an adequate supply is kept at the school. If the dosage changes or the medication is to be stopped prior to the time noted in the prescription, it is my/our responsibility to communicate the change clearly, in writing, to school staff. Evangel will not increase a dosage without a new written authorization from the physician.

**I/WE CONSENT** to the above conditions and acknowledge that Evangel is acting as my/our agent in administering medication to my/our child.

**I/WE FURTHER STATE** that the foregoing release and indemnification agreement has been carefully read and I/we know of the contents thereof and have signed the same by my/our own free act.

**CAUTION: READ BEFORE SIGNING BELOW**

Medication requested to be administered \_\_\_\_\_

\_\_\_\_\_  
Name of Parent/Guardian (Printed)

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

\_\_\_\_\_  
Child's Name (Printed)

\_\_\_\_\_  
Date

This agreement must be signed and returned to the principal before medication can be administered.