



## MEDICATION RELEASE FORM COLUMBUS CHRISTIAN SCHOOL



Medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication is to be brought to the school by the parent or student for whom the medication is prescribed.

A designated person may administer prescribed medication/treatment. The medication should be brought to the school in the **original container appropriately labeled** by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school. Any non-prescription medications such as aspirin or Tylenol, must be in their original containers.

**NOTE:** Prescribed asthma inhaler may be kept by the student and self-administered if the physician indicates this need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form (appropriate persons will be informed).

DATE FORM RECEIVED BY THE SCHOOL \_\_\_\_\_

1. Name of Student \_\_\_\_\_ Grade \_\_\_\_\_
2. Allergies \_\_\_\_\_ Doctor's Name \_\_\_\_\_
3. **Name of Medication:** \_\_\_\_\_ Dosage \_\_\_\_\_
4. Reason for Medication: \_\_\_\_\_
5. Form of medication/treatment:
6. Tablet/capsule \_\_\_\_\_ Liquid \_\_\_\_\_ Inhaler \_\_\_\_\_ Injection \_\_\_\_\_ Nebulizer \_\_\_\_\_ Other \_\_\_\_\_
7. **Instructions (time and dose to be given at school):** \_\_\_\_\_  
\_\_\_\_\_
8. Time medication is given at home \_\_\_\_\_
9. Restrictions and/or important side effects: Yes/No; If yes, please describe \_\_\_\_\_  
\_\_\_\_\_
10. Special storage requirements: Refrigerate \_\_\_\_\_ Locked Storage \_\_\_\_\_
11. Special administration procedures: Crush pill \_\_\_\_\_ With Food \_\_\_\_\_ None \_\_\_\_\_
12. Start medication: Date \_\_\_\_\_
13. Stop medication: Date \_\_\_\_\_

(PARENT/GUARDIAN)

I, the undersigned, the parent/guardian of \_\_\_\_\_ request that the above medication or procedure be administered to my child. I absolve school personnel and the school from liability stemming from adverse reactions and all other adverse effects which may occur because of the administering of such prescribed medication.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Relationship Phone Home Work