

EVANGELICAL CHRISTIAN SCHOOL

8237 Beacon Blvd. Ft Myers, FL 33907

Phone 239-936-3319 Fax 239-939-1445

AUTHORIZATION FOR MEDICATION: Prescription or Over-the-Counter Medication

Student's Name: _____ Date of Birth: _____ Grade: _____

Allergies: _____

Diagnosis: _____

Table with 5 columns: MEDICATION, DOSAGE & ROUTE, FREQUENCY, SPECIFIC TIMES, SPECIAL INSTRUCTIONS/SIDE EFFECTS

List any medication reactions or side effects to anticipate of which you would like to be notified: _____

Physician's Name (Printed)

Physician's Signature

Physician's Telephone & Fax Numbers

Physician's Office Address

Date Completed

PARENTAL PERMISSION FOR MEDICATION (TO BE COMPLETED BY THE STUDENT'S PARENT / GUARDIAN)

Student's Name: _____ Date of Birth: _____ Grade: _____

I grant the designated staff of Evangelical Christian School the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events.

NOTE:

- Medications must be supplied in the original container. Ask the pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school.
All medications, including over the counter (OTC) medications, must have a doctor's authorization.
It is your responsibility to notify the school when there is a change in medication regimen.
Medication authorization forms will only be good for the current school year for which the form is completed.
Whenever possible, medications should be scheduled outside of school hours. Physicians authorization is required for any medication course that will last longer than 2 weeks.
All medications that are not picked up by parents will be disposed of at the end of the school year.

Parent / Guardian Name (Printed)

Signature of Parent / Guardian

Date Signed

Home Phone Number

Work/Cell Phone Number (Include Ext. if any)