

SCHOOL HEALTH SERVICES

Dear Parent/Guardians:

We ask that, whenever possible, medications be scheduled to be given outside of school hours.

If medication is needed during school hours, please send the amount of medication needed during school hours, in the original container with the completed form below. We will keep the medication and arrange for the student to receive the medicine as requested. It is a school policy that students not carry medication with them, including such items as Tylenol, Ibuprofen and antibiotics.

Thank you for your assistance with this matter.

Respectfully,

School Nurse

MEDICINE REQUEST FORM

I request the nurse, or designated assistant, to give my child

_____ (Name of Student)

Grade _____ Teacher/First Period Teacher _____

The medicine prescribed by _____
(Name of Licensed Prescriber)

Name of Medicine _____

Dose to be given _____

Time to be given _____ Date to Stop Medication _____

Keep Medication at School _____ Return Medication Home _____

I give my permission for school personnel to administer prescribed medication listed above. I agree to allow this information to be shared with adults responsible for my child's care. I understand that I am responsible for providing the school with the prescribed Medication in the amount needed and in its original container with label intact as needed by my child. I hereby release Liberty Christian Academy School Board and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Signature of Parent/Guardian _____ Date _____

Signature of Licensed Prescriber _____ Date _____

Printed Name of Prescriber _____