CHRIST CLASSICAL ACADEMY *of* CHARLOTTE

School Health Services Parent/Physician Request and Permission to Administer Medication at School

School Use Only:
☐ Prescription
☐ Non-prescription

Start Date:

Student Name:	Birthdate:
School: Christ Classical Academy *of* Charlotte	Grade:

Is the student allergic to any food, medicines, or other items? ☐ No ☐Yes (if yes, list allergies)

Name of Medication to be given at school:		Dose of medication to be given:
Time medication is to be given at school:	How often can medication be given? ☐ Daily ☐ As Needed	Route of medication administration: ☐ Oral ☐ Topical ☐ Inhalation ☐ Injection ☐ Other (please specify)
Reason for medication:	ICD-10:	Note any special storage requirements: ☐ None ☐ Refrigerate ☐ Other (please specify)
Anticipated length of time medication will be given: ☐ Entire School Year and Summer School (if applicable) ☐ _____weeks ☐ _____days		
Possible side effects:		

****Physician's Signature is required for Prescription Medication****

_____ _____
Prescribing Health Care Provider's Signature Date

Health Care Provider's Name and Address (please print):	Office Phone Number:
	Office Fax Number:

I understand that:

- all medication must be brought to the school by a responsible adult in the original packaging or prescription bottle.
- I understand that my signature on this form constitutes a waiver for any liability that may occur in the administering of this medicine at school
- I am responsible for notifying the school if any of my child's medications change.

I give permission for the medication noted above to be given to my child during the school day. I give permission for the principal to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the school's principal.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Print Name of Parent/Guardian Day Phone Number