Permission to Administer Medicine
Christian Academy Schools, Inc.
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Box 1 must <u>ALWAYS</u> be completed by the parent/guardian

Box 1: Parent/Guardian Instructions – use one form per medication

(Check all that apply)

- ☐ Prescription Medication
- ☐ Nonprescription Medication
- ☐ Refrigeration Required
- ☐ Topical Product or Lotion
- ☐ Food Supplement
- ☐ Modified Diet

Complete all of the following information:

Name of student_____ Date of birth_____

Name of medication_____ Exact dosage_____

To be administered at the following times_____

For the following period of time_____

Parent Signature_____

Request for Administration of Medication Form Valid for No Longer than 12 Months

Box 2 is required when:

- You need physician instructions for the prescription medication
- It is a sample medication without a prescription label
- The nonprescription medication is to be given longer than three days or a topical product or lotion is being used to cure a skin ailment and is applied longer than 14 days
- The student is on a modified diet (an entire food group is eliminated)
- Medication contains codeine or aspirin

Box 2: To be completed by physician:

(Name of student)_____ is under my care and should receive (name of medication, vitamin, or modified diet)_____

(dosage) as follows:_____

Specific instructions for administration_____

Possible side effects to watch for_____

Expiration date (may not exceed 12 months from date of this request if prescribing medication or food supplement)_____

Signature of Physician_____

Date_____ Phone_____

Box 3: is for CAS use only and is to be completed by the designated person:

(Name of student)_____

was given (name of medication, vitamin, or modified diet)_____

(dosage)_____at the following time(s) on the following date(s):

Date of Dosage	Amount and Time of Dosage	Signature of Designated Person Administering Medication