CAI LEARNING ACADEMY

AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

THE FOLLOWING GUIDELINES ARE TO BE FOLLOWED BY THE SCHOOL AND HEALTH SERVICES:

1. A medication request form must be signed by the parent/guardian annually, and immediately if changes occur.
2. Prescription medications must be brought to school by the parent/guardian in the current original properly labeled container as dispensed by the pharmacist or physician.
3. Medication labels must contain the student's name, name of medication, directions for use and date. Physician's order and medications label must agree.
4. No medication will be accepted or used if it is expired.
5. A physician in writing must authorize any medication given for more than ten consecutive school days. The prescription label on the bottle will be accepted as the physician's order for those medications given for less than ten consecutive school days. SEE REVERSE SIDE FOR PHYSICIANS ORDERS.

TO BE COMPLETED BY PARENT/GUARDIAN

I GIVE PERMISSION FOR MY CHILD _____, TO RECEIVE THE MEDICATION ORDERED BY THE LICENSED PRESCRIBER DURING THE SCHOOL DAY. I UNDERSTAND THAT THE MEDICATION(S) WILL BE GIVEN BY SCHOOL HEALTH PERSONNEL/STAFF MEMBER ACCORDING TO MY CHILD'S LICENSED PRESCRIBER'S DIRECTIONS.

I DO HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS CAI LEARNING ACADEMY, ITS AGENTS AND ITS EMPLOYEES FROM ANY AND ALL LIABILITY WHATSOEVER FOR THE ADMINISTRATION OF THE PRESCRIBED MEDICATION TO THE CHILD NAMED ABOVE AND PURSUANT TO THESE DIRECTIONS.

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN

STUDENT NAME:_____ D.O.B.: _____

MEDICATION TO BE ADMINISTERED IN SCHOOL:_____

DOSE: _____ HOW OFTEN:_____ TIME:_____

SPECIAL INSTRUCTIONS: _____

_____

POSSIBLE SIDE EFFECTS: _____

START DATE OF MEDICATION: _____ DISCONTINUE DATE: _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____

PRINTED NAME OF PHYSICIAN: _____

EMERGENCY CONTACT NUMBER OF PHYSICIAN: _____

TO BE COMPLETED BY SCHOOL PERSONNEL

DATE: _____

AMOUNT OF MEDICATION RECEIVED: _____

PRINT NAME:_____

SIGNATURE: _____