



### Authorization to Give Medication

PARENT OR GUARDIAN TO COMPLETE:

We must have this form signed giving permission for us to administer medication to your child.

\*Prescription medication **MUST** be brought in a current, original, pharmacy-labeled container. This container must have the student's name, name of drug, **dosage and time of administration**.

\*Parents should bring any medication to school or make prior arrangements with the school nurse before sending medication. Medications that will be given daily will be counted with the parent at drop off or with 2 staff members if the parent is not available.

\*Over-the-counter medication **MUST** be brought in original, manufacturer's container (no loose pills in a baggie accepted). Medication will only be given according to manufacturer's dosage directions unless documentation from physician is provided that states otherwise. OTC medications will not be given more than 3 consecutive days, unless ordered by a physician.

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Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Prescribed Medication:  No  Yes,  
If yes, Prescribing Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

Allergies: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage (how much): \_\_\_\_\_ Strength (mg) \_\_\_\_\_ Time to be given: \_\_\_\_\_

\*If this is a daily medication, time to be given must correspond with physician's instructions on medication bottle

List any other medication that your child is taking at this time:

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I hereby acknowledge that this medication may be given by unlicensed PCS staff. By signing this form, I release Portland Christian School and its employees from any liability that may occur from the administration of this medication according to the instructions on this form.

Parent/Guardian hereby gives consent to Portland Christian School and its employees to discuss the child's medical condition or medication administration referenced above with the physician to assist them in planning for my child's care while at school or school events.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

To Be Completed By School Personnel	
Form Received By: _____	Date Form Received: _____
School Year: _____	