

Medication Administration Release and Authorization Form

Physician or Parent Request to Administer Medication During School Hours

NOTE: New Bern Christian Academy, without the written authorization of the parent and/or physician, cannot administer medication, prescribed or over the counter. This form must be kept current. The parent is responsible for providing all information needed for the proper administration of medication. A confirmation of current medications, which must be administered during school hours, must be made or renewed at the beginning of each school year. Whenever there is a change in medication, the parents must have a new form completed by the physician.

Student Name: _____ Grade: _____

To be completed by physician or parent:

Medical diagnosis of above-named student: _____

The following medication is given during school hours: Medication Name _____

Route of Administration _____ Time of Administration _____

Dosage _____ Duration _____

I hereby consent and authorize the administration of New Bern Christian Academy to administer the

Aforementioned medication to _____
(Print Student Name)

Parent's Name (Print Clearly) _____

Parent's Signature _____ Telephone Number _____

STUDENT MAY HAVE AS NEEDED THE FOLLOWING OVER THE COUNTER MEDICATIONS:

Put a check mark beside the following medications that may be administered on an as-needed basis. All medications must be given directly to the Office in their original unopened package. All medications are given per package dosage instructions. All dosages given per package instructions, unless otherwise noted.

___ Cough Drops ___ Ibuprofen – dose _____ ___ Tylenol – dose _____ ___ Tums

___ Topical Neosporin ___ Topical Hydrocortisone ___ Benadryl – dose _____

___ Other _____

All medications must be provided by the parents. New Bern Christian Academy will not supply medication to students. All medications not used by the end of the school year need to be picked up before the last day of school or they will be destroyed.