Prescription Medication Authorization 2022-2023

GRAND RAPIDS CHRISTIAN SCHOOLS

THIS FORM MUST BE COMPLETED, AND SIGNED BY YOUR CHILD'S PHYSICIAN OR PROVIDER IF YOUR STUDENT REQUIRES PRESCRIPTION MEDICATIONS TO BE DISPENSED AT SCHOOL, EVEN IF SELF-ADMINISTERED.

Student Name: _____ Birth Date: _____

Please print

School:_____ Grade:_____ Teacher/Counselor:_____

Diagnosis/Condition:_____

Parents are urged to give medication at home. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- Medication must be prescribed by a medical practitioner.
- Medication must be brought to the school office by the parent/guardian in the original container with the original label and dispensing instructions clearly legible.
- Health treatment supplies must be provided for school use by parent/guardian as needed.
- These types of medications **MUST** be stored in the school office and are not allowed to be self-administered: stimulants, prescription pain medication, antidepressants, and anti-anxiety medication.

I hereby authorize Grand Rapids Christian Schools staff to dispense prescription medication to my child as indicated below.

Name of Medication to be dispensed during school day	Strength	Frequency	Student may carry (Yes/No)	Student may self-administer (Yes/No)

Recommendations, possible side effects, storage requirements:

_____

_____

Authorization Signatures:

Date: _____ Phone Number:_____ Alternate Phone Number: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Office Phone: _____ Office Fax: _____

Physician/Provider Name: _____ **Physician/Provider Signature:** _____