



MT. BETHEL CHRISTIAN
ACADEMY

Medication Administration Authorization Form

If your child requires medication during the school day, other than the medications listed on the Emergency Contact/Medical Consent Form, this form must be completed and returned to the school nurse along with the medication. If medications can be administered at home, please do so.

Student's Name: _____

Grade: _____

I hereby request that Mt. Bethel Christian Academy supervise/assist in the administering of medication to my child, _____ according to the instructions contained in the statement below.

I understand that:

- Medications must be in the *original labeled container* (no baggies, foil, etc.)
- All medication will be taken directly to the clinic *by the parent*.
- Parent/guardian must provide specific instructions, the medication and related equipment to the clinic.
- It will be the responsibility of the parent/guardian to inform the school of any changes.
- New medication or new doses will not be given unless a new form is completed.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued.

Name of Medication: _____ Dosage: _____

Time of Administration: _____ Dates: _____

Physician's Name: _____ Physician's Phone: _____

I release Mt. Bethel Christian Academy and its board of directors, school nurse (RN) and/or any other school employee from liability for administering this medication.

Parent/Legal Guardian Signature Date: _____

Home Phone

Work Phone

Cell Phone