

**BELLEVUE CHRISTIAN SCHOOL - THREE POINTS CAMPUS  
AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL**

Student Name: \_\_\_\_\_ Date Med Rec'd \_\_\_\_\_ Date Exp. Logged \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent Name: \_\_\_\_\_ Phone: (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY THE PHYSICIAN FOR PRESCRIPTION MEDS  
OR TO BY PARENT/GUARDIAN FOR OVER-THE-COUNTER MEDS  
(A SEPARATE FORM MUST BE COMPLETED FOR EACH DIFFERENT MEDICATION)**

MEDICATION	DOSAGE	METHOD OF ADMINISTRATION	TIME OF DAY TO BE TAKEN
_____	_____	_____	_____

**DATES TO BE ADMINISTERED:** From \_\_\_\_\_ day of \_\_\_\_\_, through the \_\_\_\_\_ day of \_\_\_\_\_

Reason for medication to be given during school hours: \_\_\_\_\_

Potential symptoms that indicate medication is advised: \_\_\_\_\_

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated on this form. There exists a valid health reason which makes administration of this medication(s) advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (type or print): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

I certify that I am the parent/legal guardian of the above identified student and request and authorize the school to administer the above identified medication to the above identified student in accordance with the above instructions for the period beginning the \_\_\_\_\_ day of \_\_\_\_\_, through the \_\_\_\_\_ day of \_\_\_\_\_ (not to exceed one school year).

**MEDICATION MUST BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL CONTAINER**

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