

**PRESCRIPTION MEDICATION INFORMATION FORM**  
**EVANGELICAL CHRISTIAN SCHOOL**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency # \_\_\_\_\_

Please list any allergies \_\_\_\_\_

**MEDICATION INFORMATION**

Please provide the following medical information to assist us in meeting the needs of your child. This information will be confidential and used only by persons directly involved with the student.

Name of medication \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Time to be administered \_\_\_\_\_ Dosage \_\_\_\_\_

Possible side effects \_\_\_\_\_

Termination date for administering the medication \_\_\_\_\_

Does the medication need to stay with your child? \_\_\_\_\_

**ADMINISTRATION PROCEDURES**

1. All medication will come to school in its original, pharmacy labeled container.
2. A parent must personally deliver the medication to the office once a month.
3. The School Nurse will:
  - (a) Inform appropriate school personnel of the medication being taken.
  - (b) Keep a record of the administration of medication.  
Forms will be kept at school
  - (c) Keep medication in a locked area.  
Parents will pick up unused medication.

The parents of the child must inform the school principal or teacher of any changes in the child's health or change in medication.

I \_\_\_\_\_ give ECS Staff permission to give my child \_\_\_\_\_.

**Parent's signature** \_\_\_\_\_

**Date signed** \_\_\_\_\_