

2022-2023 Prescription Medication Administration Request Form
Permission to Administer Prescription Medication at School or at School-Sponsored Activity
Liberty Christian School

Your child may have an illness which requires medication for relief or cure that does not prevent his/her attending school. When possible, such medication should be scheduled to be taken at home. However, according to the Texas laws and Liberty Christian School policies, a medication may be dispensed to a student by school personnel. The following requirements must be met by the parent or legal guardian requesting this service.

1. All Prescription medications and sample medications dispensed through a physician's office must be in their original labeled packaging. The label must include: the student's name, the physician's name, the name and strength of the drug, the amount of drug to be given, frequency of administration, and date prescription was filled. All Prescription medications must be accompanied by a Medication Administration Request Form signed and dated by the prescribing physician and both parents or guardians requesting this service.
2. All Non-Prescription medications to be administered for longer than 10 days or given more than 4 times in a month must also have this written request signed and dated by a prescribing physician.
3. All medications will be stored in a locked cabinet and dispensed in the Nurse's Office.
4. Students may not be in possession of prescription or non-prescription medications during school hours or at school-related activities, on or off campus. (excluding emergency medications)
5. No narcotics will be dispensed at school.
6. All medications to be administered at school must be FDA approved. FDA approved supplements, herbals and vitamins will not be dispensed by school personnel without a physician's order and this completed Medication Administration Request Form.
7. In accordance with the Texas Nurse Practice Act, the school nurse has the responsibility and authority to clarify any medication order with appropriate licensed practitioner and/or refuse to administer medication that, in the nurse's judgment, is not in the best interest of the student.
8. This authorization is only valid for the current school year and shall expire at the end of the school year. Medication will be discarded if it is not picked up within thirty (30) calendar days after the period for administering it has expired or the school year has ended, whichever occurs first.
9. The nurse and/or any designated school representative may administer the prescribed medication in accordance with this authorization.
10. Both parents and/or legal guardians of the student must sign this authorization before medication is dispensed by the school.
11. THIS FORM CAN BE COMPLETED AND EMAILED TO: Dawn.Garrison@mylcs.com. It can also be faxed to 940-294-2183..

Physician/Parental Permission to Administer Prescription Medication

Student Name (Last)		(First)		DOB
Grade	Food Allergies	Drug Allergies		

1. ___ Prescription Medication		Name of Medication		
Date to Begin Medication	Date to End Medication	Time to be Given	Dose to be Given	
Reason medication is being given/Precautions:				
Physician's Name	Physician's Signature	Office Phone	Date	

2. ___ Prescription Medication		Name of Medication		
Date to Begin Medication	Date to End Medication	Time to be Given	Dose to be Given	
Reason medication is being given/Precautions:				
Physician's Name	Physician's Signature	Office Phone	Date	

Physicians Remarks: _____

Parent Permission & Waiver: I/We, the undersigned, the parent(s)/guardian(s) of the above named student request that the above medication or procedure be administered to my/our child. I authorize the school nurse and the prescribing physician to confidentially discuss or clarify this medication order, and to discuss the student's response to the medication as required by law. If the consent for the nurse and the doctor to consult regarding this medication order is not granted or is revoked, it may not be possible for school personnel to administer the prescribed medications. I understand a reasonable attempt will be made to remind the student, but the student will be responsible to visit the Nurse's Office for his/her medicine in most situations. **I/WE HEREBY WAIVE AND RELEASE LIBERTY CHRISTIAN SCHOOL, its trustees, board members, agents, employees, volunteers, chaperones and invitees ("RELEASEES"), FROM ANY AND ALL CLAIMS, INJURIES, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES WHICH MAY ARISE in connection with the administration or lack of administration of the foregoing medication(s) and/or procedure(s), EVEN IF CAUSED BY THE NEGLIGENCE OF LIBERTY CHRISTIAN SCHOOL OR ITS RELEASEES. FURTHER, I HEREBY ALSO AGREE TO INDEMNIFY AND HOLD HARMLESS RELEASEES FROM ANY AND ALL CLAIMS, SUITS, LOSSES, DAMAGES, CAUSES OF ACTION OR OTHER LIABILITIES, including but not limited to all damages and all expenses of litigation and/or settlement/release, by reason of the administration or lack of administration of the foregoing medication(s) and/or procedure(s), EVEN IF CAUSED BY THE NEGLIGENCE OF LIBERTY CHRISTIAN SCHOOL OR ITS RELEASEES.**

Parent/Guardian Name	Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian Signature	Date
Home Phone	Mobile Phone	Work Phone

If you need more spaces to list Prescription Medications, you may photocopy the first page.