

COEUR D'ALENE CHARTER ACADEMY PRESCRIPTION MEDICATION ADMINISTRATION AUTHORIZATION

For the protection of your child and the Academy, we ask that the following procedures be followed if your child needs to take medicine while at school:

- Parent or legal guardian must complete and sign the Prescription Medication Administration Authorization form and bring it with the medication in the original container with the student's name clearly visible on the bottle to the school office.
- The medication authorization must be delivered in person by the parent or legal guardian, not the student.
- The medication will be administered to the student and logged by the school office staff (or other authorized staff member).
- No medication of any kind may be retained by the student; including in their lockers or backpacks.

Name of student		Date of Birth	Grade
Print F	Parent/Guardian Name(s)		
Cell Phone		Work Phone	
1.			
	Name of medication		
2.			
	How much medication should	·	
3.			
	How often is medication to be		
4.	Reason medication is to be gi		
	-		
5.		ion (symptoms, side effects, etc.)?	
c			
6.	Physician's name & phone nu		
	IT/CLIA DDIANI DEGLISOT/A	DDDOVAL	
PARE	NT/GUARDIAN REQUEST/A	PPROVAL	

Medication picked up at end of school year. _____ (Parent initial)

Date picked up:_____