

**Mt. Bethel Christian Academy
Medication Administration Authorization Form
2009-2010**

If medication can be given at home, please do so. However, if it must be given during school hours, this form must be completed.

Student's Name: _____

Teacher: _____ **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 the school board, the school, the school nurse and any other school employee from any liability for administering this medication.

Parent/Legal Guardian Signature Date: _____

Home Phone: _____ Work Phone: _____ Cell: _____