

MEDICATION RELEASE FORM

CITY CHRISTIAN SCHOOLS
2010-2011

Dear Parent/Guardian of _____ Date: _____

Any medications that your child brings to school should be kept in the nurse's office with a release form filled out for each type. **The school does not dispense aspirin or other non-prescription medications, so only medications brought from home will be available for your child.** Below are some guidelines and the required release form. Please fill out and return the form with your child's medications.

Medications that should be kept in the office include:

OVER-THE-COUNTER medications: Including, but not limited to, vitamins and food supplements, eye, ear and nose drops, inhalants, medicated ointments or lotions, aspirins, cough drops, and antacids. All medications should be reported to the teacher when brought from home for students to use at school.

PRESCRIPTION MEDICATIONS

The following is required from the parent or guardian:

- Written instructions from the doctor including:
τ name of student τ name of medication τ dosage τ time to be given τ method of administration
It is **recommended** that the physician note possible adverse reactions and any required interventions. These instructions **may be** included on a prescription label **or** in separate written directions from the physician.
- The authorization form below must be signed and filled out **completely** by the parent or guardian.
- All prescription medication must be in the prescription bottle and clearly labeled. (If the student is also taking the medication at home, the medication can be issued by the druggist in two separate bottles at no additional charge.)
- Medication for elementary students should be brought to the office by a responsible adult or high school age sibling. High school age students may bring their own prescriptions to the office.
- Unused prescription medications must be picked up by the parent when treatment is complete or at the end of the school year. Medications left at school past the end of the school year will be destroyed.
- Prescription medications to be dispensed will be kept in the CCS nurse's office in a locked cabinet away from children's reach.
- Asthmatic children who must have an inhaler available on very short notice will be allowed to carry the inhaler with them provided a note from their physician indicates such need. The child's teacher will be made aware of this need and care should be taken that the inhaler is not available to other children in school.

-----**CUT AND RETURN TO CCS**-----

CITY CHRISTIAN SCHOOLS MEDICATION RELEASE FORM

I am requesting that my child, _____, be given or be assisted in taking _____ at _____ until _____.
(medication and dosage) (time) (date)

Purpose of medication: _____

Special Instructions: _____

This medication was prescribed by: _____, _____
(doctor's first & last name) (doctor's phone)

Doctor's Address: _____

Parent/Guardian Signature _____ Date _____

(This authorization applies only to the medication listed above and for the duration of therapy or school year.)