

Trinity Christian Academy
Authorization for Medication Administration by School Personnel

- ✓ *All medication must be in the original, labeled container.*
- ✓ *Parents are responsible to drop off and pick up all medication.*
- ✓ *Expired medicine or medicine that is left after completion date will be disposed of.*

- ✓ ***Asthma Inhaler: Please use separate form for student to carry and self-administer***

Medication Information: *Note Medication will be given only as directed on labeling.*

Student's Name: _____ DOB: _____

Grade: _____ Teacher's Name (Homeroom): _____

Name of Medication: _____

Dosage Amount: _____ Time to be given: _____

Start Date: _____ End Date: _____

Reason for Medication: _____

Special Instructions: _____

For students who take medication year round:

- The medicine should be dispensed during off campus activities. I authorize the student's teacher to administer.
- The medicine should be dispensed on half-days.

Parent Authorization:

I authorize permission for the staff of the school clinic to administer my child his/her medication as indicated above. I understand that I am responsible to bring this medication to school and maintain the supply as needed.

Parent / Guardian Signature: _____ Date: _____

Parent's Daytime Phone: _____ Cell Phone/Pager: _____

Clinic Use Only: Exp Date: _____ Date Rec'd: _____ Count: _____ Date Removed: _____ (returned) or (disposed)