SIOUX CENTER CHRISTIAN SCHOOL

... serving God and others as we work and play

Parental Authorization for the Administration of Medications to Students at School

Updated June 2016

The undersigned are the parent(s) or persons in charge of

NAME_____

He/she may receive, from the school nurse or authorized school personnel, over the counter medications as needed and prescribed medications as ordered.

Upon showing proficiency, the student may self-administer their medications at school.

I acknowledge that SCCS and its employees, by law, incur no liability, except for gross negligence, as a result of any injury arising from self-administration.

The following prescribed medication(s) may be administered daily or as needed.

Prescribed medications at school must be in the original container and have the following information:

1. Student
2. Medication
3. Dosage
4. Time to be administered
5. Route of administration
6. Prescribing physician
7. Special directions

Side effects or allergies to ANY medications include:

MEDICATION_____

REACTION OR SIDE EFFECT_____

Information regarding medication may be shared with the appropriate school personnel and/or the prescribing physician if necessary.

If you would like to be notified or consulted before any meds are ever given at school, please check here:

_____

SIGNATURE_____ DATE_____