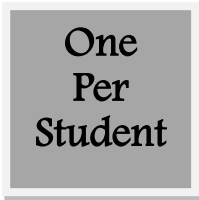


Canaan Christian Academy
Authorization for Medication Administration
2019-2020



Name of Child: _____

Grade: _____

Allergic to medication Yes No Type _____

Allergic to foods: Yes No Type _____

Takes medicine regularly Yes No Type _____

Diabetic Yes No Type _____

Insulin _____ Dosage _____

Additional notes: _____

I give permission for the following medicines to be administered:

- Tylenol as directed on label according to age or weight
- Ibuprofen as directed on label according to age or weight
- Benadryl as directed on label according to age or weight
- Cough medicine as directed on label according to age or weight
- TUMS or Pepto-Bismol as needed

Over the counter medication that is sent from home to be taken during school hours, **must** be brought to the academy office at the beginning of the school day accompanied by instructions as to how much medicine and a time when they are to receive it. Medications are not to be carried or kept in the child's backpack, desk, or locker. This is for the protection of ALL students.

If your child is under a doctor's order to take a prescription medication during school hours, we must have a signed Licensed Prescriber Medication Order form signed and on file. (ask the school office for the form)

The school office will **not** have a large supply of cough drops. Students may bring cough drops with them to school. A permission note from the parent is required. Elementary students should give the note to their teacher. Secondary students should have the note signed by the school office.

I, hereby give permission to the school nurse or other designated school employee to administer medication to my child. I understand that the designated school employee shall not be liable to the student, parent, or guardian of the student for civil damages for any personal injuries to the student, which result from acts and omissions in administering any medication.

Signature of Parent or Legal Guardian

Date