

2019 MEDICATION AUTHORIZATION

This information is confidential and for staff use only.

Medication Forms *must be completed in full* and on file before your child can receive medication.

All medication will be given by a trained Staff Member.

Child Name: _____ Date: _____

Name of Prescribed Medicine #1: _____ For treatment of:

_____ Exact Dosage: _____

Time: _____ Date to begin: _____ Date to end: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Name of Prescribed Medicine #2: _____ For treatment of:

_____ Exact Dosage: _____

Time: _____ Date to begin: _____ Date to end: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Name of Prescribed Medicine #3: _____ For treatment of:

_____ Exact Dosage: _____

Time: _____ Date to begin: _____ Date to end: _____

Prescribing Physician: _____ Physician(s) Phone: _____

Please do not send more than a one-week supply of medication at a time.

Please note: If the prescription for the specified medication should change, a new form will need to be completed with the new prescription information.

Medication **MUST** be sent in the original container with prescription label attached (most pharmacies will give you duplicate bottles). If the prescription changes, please send a new properly labeled container.

Children with **Inhalers** will need a completed Medication Form on file. The child will not be allowed to personally carry the Inhalers, although it will be accessible to be used as required. This is for the safety of all children.

Over-the-counter medications must be sent in the original containers and require a completed Medication Form on file. Per Public School policy, these can only be given for three days. Beyond three days, a written order from an authorized prescriber will be required.

*The undersigned recognizes that the South Gate Baptist Church staff member, who will be responsible for administering the above medication, is not a pharmacist, and accepts full responsibility for requesting that a staff member oversee such medication; and further acknowledges that neither such person, the staff member or South Gate Baptist Church, shall have any responsibility or liability arising out of my child taking medication in accordance with the instructions on the label. The undersigned also authorizes a staff member of South Gate Baptist Church to administer the medications listed above.

Signed _____ Date _____