



YOUTH CHRISTIAN SCHOOL

Assistance with Medication

Parents must bring medication to school. Students cannot transport. For inhalers, epi-pins, insulin (medication that should be kept with a child rather than in the office), a Doctor's note is needed (which should be attached to this form) in order for the student to be allowed to carry it around school.

Student: _____ Teacher: _____ Grade: _____

Mother's Name: _____ Daytime Phone: _____

Father's Name: _____ Daytime Phone: _____

Physician's Name: _____ Phone: _____

Illness for which medication is needed: _____

Name of Medication: _____ Dosage: _____

Special Instructions: _____

Time to be taken: _____ A.M.: _____ P.S.: _____ or _____ as needed
(Grade 7-12 only)

Medication is to be administered by:
 ___ mouth, ___ eye drop, ___ topical, ___ other _____

Possible side effects: _____

This request is valid from (dates) _____ to _____

NOTES:

1. Prescription medication must be in the original container from the Pharmacy with the child's name imprinted. If medication must be split, parents must do this prior to the time of use.
2. Only the instructions for dosage and times for administering written on the container or received from the physician will be followed (these should match those listed above).
3. Parents are responsible for personally collecting from the school any unused portion of the medication within one week after expiration of the medication and/or physician's order.
4. Medication that is not personally collected by parent/guardian will be destroyed.

I authorize the personnel of Youth Christian School to assist my child in taking medication. I hereby release and waive, and further agree to indemnify, hold harmless or reimburse the school, the individual members, agents, employees, and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have a claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during or in connection with the administering of this medication.

Signature of parent/guardian: _____ Date: _____