Delaware Christian School
Permission to Dispense Medication Form 2019-2020 School Year

****Only for medications that must be administered during school hours****

Student's Name_____ Grade_____

Non-Prescription Medications

My child has permission to take the following over-the-counter medications at school. You must initial beside which medication you give the school permission to dispense and sign the bottom of the form. These will be the only medications available at school. If you wish your child to have a different medication available during school hours, fill in the exact medication, dosage and frequency. You must provide the medication in an original bottle to the school if you choose one that is not listed below.

Name of medication:

Tylenol Children's Chewable/ Liquid per age/weight every 4-6 hours as needed _____

Tylenol 325-650 mg every 4-6 hours as needed _____

Motrin Children's Chewable/ Liquid per age/weight every 4 hours as needed _____

Motrin 400mg every 4 hours as needed _____

Benadryl 25-50mg every 4 hours as needed _____

Claritin 5-10mg once daily as needed for allergies _____

Callergy ointment for rashes, bug bites _____

Bacitracin ointment for small open wounds, blisters _____

_____	_____	_____
Medication	Dosage	Frequency
_____	_____	_____

Must be completed by the parent:

The undersigned agrees not to file or make any claim against anyone for negligence in connection with administration or non-administration of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I request school personnel to administer the medication as instructed and agree to (1) deliver the medication to the school in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name and prescription number and (2) notify the school if I change physicians or if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for this medication. I understand that students may not administer over-the-counter medications to themselves or others, including, but not limited to: pills, lotions, Advil, Tylenol, etc.

I give my permission for the principal or his/her designee to administer the aforementioned medications listed.

Signature of Parent or Guardian_____Date _____

Daytime Telephone #_____

Delaware Christian School
Permission to Dispense Prescription Medication Form for 2019-2020 School Year

****Only for medications that must be administered during school hours****

Prescription Medication
(To be completed by the child's physician)

Child's name:_____Date of birth:_____

Name of medication: _____ Date of authorization:_____

Reason for medication: _____

Dosage_____ Frequency_____ How administered_____

Date to begin administering medication_____ Date to terminate_____

Time(s) to be given at school (exact time):_____

Possible side effects/adverse reactions:_____

Physician_____Telephone #_____

Address_____

Physician's signature_____

Must be completed by the parent:

The undersigned agrees not to file or make any claim against anyone for negligence in connection with administration or non-administration of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I request school personnel to administer the medication as instructed and agree to (1) deliver the medication to the school in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name and prescription number and (2) notify the school if I change physicians or if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for this medication. I understand that students may not administer over-the-counter medications to themselves or others, including, but not limited to: pills, lotions, Advil, Tylenol, etc.

I give my permission for the principal or his/her designee to administer the aforementioned medications listed.

Signature of Parent or Guardian_____Date _____

Daytime Telephone #_____