



Timothy Christian School

Authorization for Administration of Medication at School

When medication needs to be administered during school hours, please complete this form and return it to the school, with the medication your child requires.

NOTE: If you wish to give permission for your child to be given Tylenol, Advil or generic equivalents for a headache should he/she require it at any time during the school year, please indicate this on this Authorization for Administration of Medication form. Do not give this permission if your child cannot tolerate Tylenol, Advil and generic equivalents.

This is to authorize the classroom teacher of Timothy Christian School to administer the medication(s) prescribed as indicated by the attending physician for:

Student's Name _____ Date of Birth _____
Year Month Day

Printed name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

Note:

Parents are requested to place medication in individual containers, preferably those in which the medication was supplied from the pharmacist/physician. Containers should be properly labeled indicating the student's name and administration instructions.

1. Name of medication _____
Method of administration _____
Dosage _____ Time(s) _____
2. How long is the student likely to need this medication? _____
3. Possible hazards or side effects _____
4. Action to be taken should a reaction develop _____
5. Allergies which should be noted (if applicable) _____
6. Additional instructions (if applicable) _____

Family Physician's Name: _____

Family Physician's Phone Number: _____