

Greenbrier Christian Academy
311 Kempsville Road
Chesapeake, VA 23320
(757)547-9595 or FAX (757)547-9569

REQUEST FOR ADMINISTRATION OF MEDICATION

Name of child _____ Grade _____ Date _____

Name of medication _____ Dosage _____

Route _____ Reason for medication _____

Time medication to be administered _____

Take medication on field trip YES__ NO __

_____ Today only: date _____

_____ From: (date) _____ until (date) _____

_____ During summer daycare from June _____ through August _____

_____ This child has taken this medication before and shows no sign of allergy.

_____ This child has permission to carry an inhaler (only for sixth graders and older).

PHYSICIAN'S SIGNATURE _____ DATE: _____

A PHYSICIAN'S SIGNATURE IS REQUIRED FOR ALL PRESCRIPTION MEDICATIONS AND FOR ALL PRESCHOOL/EXTENDED CARE STUDENTS

PARENT/GUARDIAN SIGNATURE _____ DATE: _____

We discourage administration of medication at school and request that medication be scheduled at other than school hours whenever possible. We recognize that this is not always feasible, however, and will administer medications if this form is properly filled out and is on file in the clinic. In order for the school to legally administer medication, the following procedures must be followed:

1. A PHYSICIAN'S SIGNATURE IS REQUIRED FOR ALL PRESCRIPTION MEDICATIONS. Prescription medications must be brought to school by the parent in the original container labeled by the pharmacy. Signature of the parent or guardian on this form requesting the school comply with the physician's order is also required.
2. MEDICATIONS MUST BE BROUGHT TO THE CLINIC BY THE PARENT OR GUARDIAN-NOT THE STUDENT- IN ITS ORIGINAL CONTAINER. All medications are to be kept in the clinic. Students are not allowed to self-administer medications or keep medication on their person. The exception to this is an emergency epi-pen or asthma inhaler for which the student must have a permission slip on file in the clinic. At the end of the school year, any leftover medication not claimed by the last day of school will be destroyed.
3. Physician signed Action Plans must accompany all Emergency Meds (Inhalers and Epipens). We may request 2 sets if we deem necessary for your child's safety.
4. PRESCHOOL/EXTENDED CARE/SUMMER PROGRAMS. ALL MEDICATIONS ADMINISTERED IN PRESCHOOL, EXTENDED CARE, AND SUMMER PROGRAMS REQUIRE BOTH A PHYSICIAN'S AND A PARENT'S SIGNATURE since medications may be given by a non-medically licensed school employee during these times. An updated Medication Administration Form must be submitted after 6 months for children in these programs.