

# REQUEST FOR MEDICATION ADMINISTRATION

## CRESSET CHRISTIAN ACADEMY

3707 Garrett Road, Durham, NC 27707  
Phone (919)489-2655 / Fax (919)354-8009

All medications for use at school will be furnished by parent or guardian. Prescriptions must be in a container properly labeled by a pharmacist and over the counter medicine must be in the original container. All medicines must have written authorization from a physician and have identifying information, (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

### To be completed by parent or guardian:

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ dosage: \_\_\_\_\_

Time(s) medication is to be given: a.m. \_\_\_\_ p.m. \_\_\_\_

Dates to be given: from: \_\_\_\_\_ to: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

I hereby give my permission for my child (named above) to receive medication during school hours. I hereby release Cresset Christian Academy agents and employees from all liability that may result from my child taking the medication. This consent is good for the school year, unless revoked.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

### To be completed by physician:

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR SELF-ADMINISTRATION

Student has demonstrated understanding of and ability to self-administer asthma medications, diabetes medication, or medicine for anaphylactic reactions and may carry and self-administer as prescribed.

[asthma/allergic reaction  \*Medicated Dose inhaler(MDI);  \*MDI with spacer;

Epinephrine auto-injector;  Diabetes-insulin.] \*Parent/guardian must provide an extra inhaler to be kept at school in case of emergency.