Seeds of Faith
CHRISTIAN ACADEMY

Attachment: Policy 205.2

STUDENT INFORMATION

Name of Student: ______________________ Grade: __________
Parent / Guardian: ______________________ Home Phone: __________
Address: ______________________ Cell Phone: __________
______________________ Work Phone: __________
Emergency Contact: ______________________ Contact Phone: __________
Secondary Emergency Contact: ______________________ Contact Phone: __________

PERSCRIPTION/NONPERSCRIPTION INFORMATION

(Information MUST be completed by Licensed Medical Provider for prescription medication)
(Nonprescription information MUST be completed by parent/guardian)

1. Name / type of prescription medication: ______________________
2. Name / type of nonprescription medication: ______________________
3. Given for / Diagnosis: ______________________
4. Dosage / Amount to be given: ______________________
5. Administration (mouth, injection, etc.): ______________________
6. Frequency / time(s) to be administered: ______________________
7. Duration (week, month, indefinite, etc.): ______________________
8. Anticipated reactions to medication (symptoms, side effects for under dose, overdose etc.):
____
____

(For prescription medication only)

Signature of Licensed Health Care: ______________________ Date: __________

PARENT/GUARDIAN PERMISSION

I hereby give my permission for the above named student to receive the specified medication as stated in the above instruction from the health care provider. I understand that the school administration will designate specific staff to administer medication, assure proper identification and safekeeping of medication, and maintain records of such administration of medication.

I further understand that school personnel who provide assistance (administration of specified medication so noted) or employer of such staff are not liable, civilly or criminally for any adverse reaction suffered by my child as a result of taking the medication so indicated and discontinuing the administration of the medication in keeping with the procedure outlined above.

______________________ __________
Signature of Parent / Guardian Date