

Release of Medication Form

Date of Activation: _____

Name of Student: _____

In Grade: _____

Medication Policy of Foundation Christian School

In all possible cases, we ask that any medication required by your child be dispensed at your home.

In all cases where prescription medication must be dispensed, the parent / guardian must fill out this ‘Release of Medication Form’ and hand it in to the main office. This medication will be kept by the teacher and dispensed according to instructions on this form and on the medication itself for the duration of the prescription or until such time as the parent removes it from the premises.

Please NOTE:

- Foundation Christian School does not supply Tylenol, ibuprophen, or any other medication. If your child occasionally requires this medication for headaches or other pain and is aware of when they need it, you must provide a small supply of the medication that the child’s teacher will keep and dispense at the child’s request.
- ALL CONTAINERS of prescription and non prescription drugs must be clearly marked with the child’s name and grade and contain instructions for dispensing them.
- Medications that require refrigeration will be kept in the staff room refrigerator and must be clearly marked with the child’s name and grade and instructions for dispensing them.
- Medications that the child must have in their possession (puffer, epi-pen) AND THAT THE CHILD KNOWS HOW TO ADMINISTER must be kept in the teacher’s desk and are subject to the registration rules above. ***In the case of epi-pen, where the child carries one on their person, the pen must be secured at all times.***
- Medications that are more involved that just dispensing by hand (inhalers, misters etc) ***must be administered by the parent or guardian of that child either at home or at the school.***

Please fill in the following information. Use clear block letters and supply as much information as possible.

My child will require the following prescription medication: _____

duration of use from: _____ to: _____
date date

This medication will be kept in the Teacher’s drawer (or in the case of refrigeration, in the staff room refrigerator) Directions for administering this medication: (Include amounts, times, method of administration) **This information must also be included with the medication on a separate piece of paper and attached to the medication with the child’s name and grade.**

I give permission to the staff of Foundation Christian School to administer the medication listed above according to the outlines listed above.

signature of parent / guardian

phone number where I can be reached

The original of this document will be kept on file in the main office. Copies of this form are to be kept with the above named student’s homeroom teacher, and in the student’s permanent file.