

# NEW LIFE CHRISTIAN ACADEMY

PO Box 929, Millbrook, AL 36054  
Phone/Fax Number: (334) 285-5615

## AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICINE

**Top part to be completed by physician. Please return completed form to the office**

If the medication is not needed for entire school year, please indicate the stop date \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB and Age: \_\_\_\_\_

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

Generic Name (if used): \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time To Be Administered At School: \_\_\_\_\_

Condition For Which Drug Is To Be Given: \_\_\_\_\_

Note Any Untoward Side Affects: \_\_\_\_\_

### INHALANT PRESCRIPTIONS

This student is both capable and responsible for self-administering this medication:

No       Yes-Supervised       Yes-Unsupervised

This student may carry this medication:       No       Yes

Physician Signature: \_\_\_\_\_

Name: \_\_\_\_\_

(Print)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Request: \_\_\_\_\_

I request the designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication at school. I understand that: (1) there is no liability on the part of New Life Christian Academy, its personnel, or agents for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication should be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Medication orders must be renewed by the attending physician and release signed by the parent/ guardian annually. Each medication, or any change in medication requires a new form.