



Light of Faith Christian Academy

Authorization to Administer Medication at School

18008 Bothell-Everett Hwy. #H Bothell, WA 98012 (425) 419-4129 www.lightoffaith.org

Student: _____

Birth Date: ____/____/____

Supervisor: _____

Current Level (Grade): _____

THIS PORTION TO BE COMPLETED BY THE HEALTH CARE PROVIDER

<u>Name of Medication:</u>	<u>Dosage:</u>	<u>Method of Administration:</u>	<u>Time of Day to be Taken:</u>
_____	_____	_____	_____
_____	_____	_____	_____

Inhalers: _____
INDICATE IF STUDENT MUST CARRY ON HIS/HER PERSON

Possible side effects of medication (if any): _____

Emergency procedure in case of serious side effects: _____

I request and authorize that the above-named student be administered the above-identified oral medication in accordance with the instructions indicated above from _____ to _____ as there exists a valid health reason which makes administration advisable during school hours. Medically untrained academy personnel may administer such medication according to these instructions.

Health Care Provider Signature

____/____/____
Date of Signature

Health Care Provider Name (Print): _____

Phone Number: (____) _____ - _____ ext.? _____

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize Light of Faith Christian Academy to administer medication to the above-named student in a accordance with the doctor's instructions for the period from _____ to _____. I understand that every effort will be made by the academy staff to administer the medication in a timely manner.

Permission to carry inhaler? Permission to carry an Epi-Pen?

Light of Faith Christian Academy accepts no responsibility for reactions when the medication is dispensed in accordance with the physician's instructions. Only oral medication will be administered. The Academy has the right to designate the person(s) responsible to dispense the medication on an individual basis.

Parent/Guardian Signature

____/____/____
Date of Signature

Work Phone: (____) _____ - _____ ext.? _____

Home Phone: (____) _____ - _____