

COASTAL CHRISTIAN SCHOOL
1220 Farroll Ave., Arroyo Grande, CA 93420
805-489-1213

MEDICAL AUTHORIZATION FORM

When possible, parents are advised to give medication at home and on a schedule outside of school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

1. Medication must be prescribed/advised by a physician/dentist. **THIS INCLUDES OVER THE COUNTER MEDICATION YOU PROVIDE TO THE SCHOOL OFFICE.**
2. Medication must be brought to school in original container with appropriate label or instructions intact. **When you get a prescription filled you can ask the pharmacist to put the prescription into two containers – one for home and one for school.**
3. Medication instructions must be completed and coincide with the pharmacy label.
4. Parent/guardian **must** sign this form, granting designated school personnel permission to administer medication, according to regulations set herein.
5. Permission must be granted to school personnel to contact physician/dentist, if necessary.

Student's name: _____ Date of Birth: _____

Name of Medication: _____

Dosage: _____ Time/Frequency: _____

METHOD OF ADMINISTRATION: _____ Tablets _____ Liquid _____ Inhaler

Estimated Termination Date: _____ (All authorizations expire at the end of the school year)

() Student is knowledgeable about this medication and will come to the office for his/her medication.

() Student can self-administer medication.

I direct the school to assist my child in taking medication. I agree to indemnify and hold harmless Coastal Christian School, its officers, agents, and employees, for any injury, illness, or death which might occur as a result of assisting with administration of the medication in accordance with the direction.

Parent/Guardian's Signature

Date

Address: _____

Home Phone: _____ Cell Phone: _____

Secretary's Signature

Date