



STUDENT MEDICATION ADMINISTRATION FORM

This form must be completed fully in order for Mountain Top Christian Academy to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- Only medications by a physician's written order, including exact dosage and timing of administration, will be administered at MCA.
- An adult must transport all medications to and from the school.
- The school CSN/RN will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

This form is valid for the (current) _____ / _____ school year only.

Prescriber's Authorization

Student: _____ DOB: _____ Grade: _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____ Possible side effects: _____

Medication shall be administered from: _____ to _____
month/day/year month/day/year

Prescribers Name/Title (please print): _____

Telephone: _____

Address: _____

Prescriber's Signature (original or signature stamp only): _____

Date: _____

Prescriber's Address Stamp

A verbal order was taken by _____, the CSN/RN, for the above medication on _____.

Parent/Guardian Authorization

I request designated school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that an adult must transport the medication to and from the school. I authorize the school nurse to communicate with the healthcare provider as allowed by HIPAA.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____ Telephone: _____