NACS
Naples Adventist Christian School

Adventist edge

This order is valid only for current School Year: ____ / ____

MEDICATION AUTHORIZATION FORM:

Teacher:	Student's Grade:	Student's Age:

This form must be fully completed in order for the required medication to be administered. 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 medication, dosage, or time of administration of the 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.
- An adult must bring the medication to the school.

...n arises about the child and/or the child's medication.

PRESCRIBER'S AUTHORIZATION/MEDICATION INFORMATION:

Student's Name: Gender: ☐ M ☐ F Date of Birth: / /

Allergies:

Medical Condition for which medication will be required for student in school:

Name of Medication: Prescription: Over-the-Counter *(non-prescription)*:

Route to administer *(please check one)*: ☐ Oral (BY MOUTH) ☐ Topical (ON THE SKIN) ☐ Inhaled (BREATHED) ☐ Subcutaneous (INJECTED)

Other *(describe)*:

Dosage: Frequency: Time of Day: (ex. 11:00 A.M.)

Is this a new medication? ☐ Yes ☐ No **If yes**, the first dose must be administered at home.

Special Instructions:

Prescription medications require healthcare provider signature below:
Physicians orders are required for <u>all prescription medications given at school</u>

Physician's Name (Print): Physician's Phone Number:

Physician's Signature: Date: Fax Number:

☐ I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

EMERGENCY CARE PERMISSION

When a child suffers any injury or illness while in school, an immediate and continuing effort will be made to contact the parent(s) or legal guardian(s) of that child. In the case of serious injury or illness , first aid will be rendered in accordance with school policies. If I cannot be reached by telephone, in the event of an emergency involving the above named student, please call the physician listed above.
In case of serious illness, accident, and/or injury I hereby authorize school officials to call any local physician or paramedic if the listed physician cannot be reached.
Parent/Guardian Initial Acceptance here:

AUTHORIZATION TO TREAT A MINOR:

I (We) further authorize school officials to share with any of the above named student's medical information with any treating physician, medical specialist, EMT personnel, first responders, and/or first aid personnel if the sharing of the above named student's medical information is necessary to provide the above named student with any necessary medical services due to serious illness, accident, and/or injury.
An immediate and continuing effort will be made to contact the parent(s) or legal guardian in case of serious injury or illness.

Parent/Guardian Initial Acceptance here:

PARENT/GUARDIAN AUTHORIZATION:

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
2. I authorize the above medication to be administered as described or prescribed during school or after-school programs operated by Naples Adventist Christian School.

Parent/Guardian Name Printed:

Parent/Guardian Signature: Date: / /

Home phone: Business Phone: Emergency Phone: