

**MEDICAL INFORMATION FORM**  
**EVANGELICAL CHRISTIAN SCHOOL/LOWER SCHOOL**  
**2018-2019**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency # \_\_\_\_\_

**MEDICAL INFORMATION:**

**Please provide the following medical information to assist us in meeting the needs of your child. This information will be confidential and used only by persons directly involved with the student.**

Name of medication \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Time to be administered \_\_\_\_\_ Dosage \_\_\_\_\_

Possible side effects \_\_\_\_\_

Termination date for administering the medication \_\_\_\_\_

**ADMINISTRATION PROCEDURES:**

1. All medication will come to school in its original, pharmacy labeled container.
2. The signed instruction form will be kept on file in the school office
3. The principal or the classroom teacher will inform appropriate school personnel of the medication being taken.
4. Child will go to the office for medication.
5. A record of the administration of medication will be kept on file in the office.
6. Medication will be kept in a locked area.

**The parents of the child must inform the school principal and teacher of any changes in the child's health or change in medication.**

Parent's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**NO MEDICATION MAY BE KEPT BY CHILD  
OR CLASSROOM TEACHER**