

PRESCRIPTION MEDICATION INFORMATION FORM

EVANGELICAL CHRISTIAN SCHOOL

2018-2019

Student _____ Grade _____ Teacher _____

Address _____ Date of Birth _____

Phone (home) _____ (work) _____ (cell) _____

Emergency # _____

MEDICATION 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 _____

Does the medication need to stay with your child? _____

ADMINISTRATION PROCEDURES

1. All medication will come to school in its original, pharmacy labeled container.
2. A parent must personally deliver the medication to the office once a month.
3. The principal or the classroom teacher will:
 - (a) Inform appropriate school personnel of the medication being taken.
 - (b) Keep a record of the administration of medication.
Forms will be kept at school
 - (c) Keep medication in a locked area.
Parents will pick up unused medication.

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

I _____ give ECS Staff permission to give my child _____.

Parent's signature _____

Date signed _____