

**Christian  
Academy of  
Madison**

**AUTHORIZATION FOR  
ADMINISTRATION OF  
NON-PRESCRIPTION MEDICINE**

FAX NUMBER  
(812) 265-0700

477 West Hutchinson Lane, Madison, IN 47250 (812) 273-5000

To be completed by parent/guardian. Also note the Regulations for Administering Medication to Students are printed on the back. Please return completed form to the school office.

This form is void if altered in any way

This request is to be effective for the school year \_\_\_\_\_ or earlier stop date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Medication: \_\_\_\_\_

Generic Name (If Used): \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to be administered at school: \_\_\_\_\_

Condition for which drug is to be given: \_\_\_\_\_

I request the designated school personnel to assist my child in the administration of the above prescribed medication. I give permission for my child to take this medication at school. I understand that: (1) there is no liability on the part of Christian Academy of Madison, its personnel, or agents for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication should be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current year, whichever occurs first.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Non-prescription medication requests must be renewed by the parent/guardian and release signed by the parent/guardian annually. Each medication, or any change in medication requires a new form.

The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.

<p style="text-align: center;"><b>THE CHRISTIAN ACADEMY OF MADISON</b> <b>REGULATIONS FOR ADMINISTERING MEDICATION TO STUDENTS</b></p>
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Administration of medication is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive medication during the school day. The following regulations must be observed when medication (prescription or non-prescription) is to be administered in the school:

1. An Authorization for Prescription Medication Administration Form must be on file for each prescribed medication. The form must be completed in its entirety and signed by the physician and the parent/guardian. This form is valid for one school year, or earlier stop date.
2. An Authorization for Non-Prescription Medication Administration Form must be on file for each FDA approved non-prescription (over-the-counter) medication to be administered at school if taking the medication is necessary for the student to remain in school. The form must be completed and signed by the parent/guardian. This form is valid for one school year, or earlier stop date.
3. Medication must be in the original labeled container. A supply of medication provided may be kept at school. For student safety, the parent/guardian or a responsible adult should deliver the medication to the school.
4. The school office routinely monitors medication administration and documentation. Questions regarding the purpose effect, expected results, and untoward effects of a medication should be referred to the child's physician.
5. Prescription medication must be supplied in the original container labeled by the pharmacist. The prescription label must be consistent with the medication authorization form. The physician's name appearing on the label may be different from the physician's name on the original medication authorization form. No other changes will be allowed.
6. Changes in medication require a new medication authorization form.
7. Upon receipt, medication will be counted and documented on a Student Medication Record. Medication will be stored under lock and key.
8. Medication dosage must be age appropriate as stated on the label.
9. Each dose of medication administered will be recorded on a Student Medication Record.
10. In cases where a student is able to medicate himself or herself (according to the physician's statement), school personnel will store the medication and generally supervise the student's self-medication. Excluded are students authorized to carry inhalant medication (IC 20-33-8-13).
11. The school may send home medication that is possessed by a school for administration during school hours or at school functions with a student if the student's parent/guardian provides written permission for the student to receive the medication.
12. Medication will be destroyed if not picked up within one week following termination of the medication authorization form or one week after the close of school, whichever occurs first. Medication will be destroyed in a manner which it cannot be retrieved (i.e. flushing). Disposal will be witnessed by two persons designated by the principal and documented on the Student Medication Record.

ALL STUDENT MEDICATION RECORDS WILL BE HANDLED IN A CONFIDENTIAL MANNER.