Polaris Christian Academy
K–8 Education

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REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATION

NOTE: A separate form must be completed for each medication.

SECTION I: PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

I hereby request and give permission to the authorized staff member to administer the following medication to my child:

Name of Child		Grade	Name of Medication to be administered
Dosage	Time(s) of Dosage	Signature of Parent/Guardian	Date

Section II: PHYSICIAN'S OR DENTISTS'S INSTRUCTIONS:

Name of Child: _____ is under my care and should receive

Name of Medication _____

Dosage: _____

Specific Instructions for Administration: _____

Possible Side Effects: _____

Signature of Physician/Physician Assistant/Clinical Nurse Specialist/Certified Nurse or Dentist	Phone #
Please Print Physician's/Dentist's Name	Date

SECTION III: LOG OF MEDICATION ADMINISTERED BY AUTHORIZED STAFF MEMBER

Date	Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member

Date	Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member