

**OUR REDEEMER'S CHRISTIAN SCHOOL
AUTHORIZATION FOR RX MEDICATION ADMINISTRATION**

Our Redeemer's Christian School procedure requires a physician's or dentist's written order and parents or guardian's authorization for administration of prescription medications. Medications must be in a properly labeled pharmacy prepared container or in the original bottle.

Name of Child _____ Date of Birth _____

PHYSICIAN'S OR DENTIST'S ORDER:

Medication: _____ Dose: _____ Route: _____

Time/Frequency: _____ Continue Until: _____

Reason for Medication:

Special Instructions:

Side Effects:

Physician's or Dentist's Name: _____

Address: _____ Telephone: _____

Physician's or Dentist's Signature:

Date: _____

AUTHORIZATION BY PARENT/GUARDIAN

Date: _____

To School Personal:

I hereby request that the above medication, ordered by the physician/dentist for my child, _____, be administered by authorized personnel. I understand I must supply the school with the child's medication in the original properly labeled pharmacy container. I understand that any remaining medication will be destroyed if it is not picked up by the last day of school. I also give the nurse and or principal permission to contact my child's physician.

Parent Signature: _____

Relationship to child: _____