

NON-PRESCRIPTION DRUGS ADMINISTRATION TO STUDENTS

PARENTAL AUTHORIZATION AND RELEASE FORM

MILFORD CHRISTIAN ACADEMY

Authorization form must be on file in the school clinic.

STUDENT'S FULL NAME			GRADE
<u>NAME OF MEDICATION</u>	<u>DOSE</u>	<u>FREQUENCY</u>	<u>BEGINNING DATE/END DATE</u>

NOTE: USE OF THE NON-PRESCRIPTION DRUG IS NO MORE THAN 10 DAYS/DOSES WITHOUT A PHYSICIAN'S STATEMENT WITH THE EXCEPTION OF COUGH DROPS

POSSIBLE ADVERSE REACTIONS:

I/We are the parent(s) and/or guardian in charge of _____
STUDENT'S FULL NAME

I/We request that Milford Christian Academy, or its authorized representative, administer the above-named non-prescription drug to my child in accordance with my instructions above and agree to:

1. Submit this request to the person authorized by the school to receive such request (school nurse, office staff or administrator);
2. Make sure personally that the non-prescription drug is received by the person authorized to administer it in the original container as purchased;
3. Submit a REVISED STATEMENT signed by parent or guardian to the person designated by Milford Christian Academy to receive requests for administration IF ANY OF THE INFORMATION PROVIDED CHANGES;
4. Release Milford Christian Academy and their designated representative from any liability concerning the giving or non-giving of the non-prescription drug to the student.

DATE

NAME OF STUDENT

TELEPHONE NUMBER(S)

PARENT/GUARDIAN SIGNATURE