



PRESCRIPTION MEDICATION ADMINISTRATION REQUEST FORM

We ask that whenever possible, medications be scheduled to be given outside of school hours. If medication is needed during school hours, please send the amount of medication needed during school hours, in the original container with the completed form below. We will keep the medication and arrange for the student to receive the medicine as requested. It is a school policy that students not carry medication with them, including such items as Tylenol, Ibuprofen, and antibiotics.

I request the nurse, or designated staff member, to give my child

_____ (Name of Student)

Grade _____ Teacher _____

Name of Medicine _____

Dose to be given _____

Time to be given _____ Date to stop Medication _____

Keep Medication at School _____ Return Medication to Home _____

I give my permission for school personnel to administer the prescribed medication listed above. I agree to allow this information to be shared with those adults responsible for my child’s care. I understand that I am responsible for providing the school with the prescribed Medication in the amount needed and in its original container with label intact as needed by my child. I hereby release Timberlake Christian Schools from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Signature of Parent/Guardian _____ Date _____

Signature of Licensed Prescriber _____ Date _____

Printed name of Prescriber _____