

2017/2018 Non-Prescription Medications

Request for Medication Administration-Must have new form each school year  
(To be completed by parent or Guardian)

**The clinic volunteers are unable to administer any medication.**

**Secretarial staff may only administer medications if they are provided by the parent, in the original bottle accompanied by this form completely filled out with exact dose for your child.**

Student's name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

**Medication Name** \* \_\_\_\_\_

**Dose** \* you prefer we administer to your child \_\_\_\_\_

**Time** \*or interval at which each dosage is to be administered \_\_\_\_\_

Name of Student's Doctor \_\_\_\_\_

\*REQUIRED

**MEDICATION MUST ACCOMPANY THIS FORM IN THE ORIGINAL CONTAINER**

I request that Mansfield Christian School administer the above medication to my child in accordance with my request as stated above. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that it is my responsibility to send an appropriate supply of medication to school in its original container. Medication provided to the school in any container other than the original will not be accepted. I understand that the school will have limited liability while administering medication to my child in accordance with my wishes. The school agrees to keep a written log of medication administered to my child in school throughout the current school year.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_