



Kansas City Christian School Parent's Request for Administration of Medication 2018-2019

At KCC we value the health and wellness of our students and we are able to provide a limited range of medical assistance. In order for the school to legally administer medications *we will do so under the following conditions:*

1. **For long-term doctor-prescribed medications:** Use this form to convey written orders from a physician detailing the name of the prescription medication, dosage and time interval it is to be taken (**note that the prescribing PHYSICIAN'S SIGNATURE is required**). Signature of parent or guardian on this form requesting that the school comply with the physician's order is also required.

The medication must be brought to the school by the **parent or guardian - not the student** - in its original container. The pharmacy or physician must appropriately label prescription medications. It is sometimes helpful to ask for a second properly labeled bottle so you can have one at school and the other at home. Also, keep one or more of these forms in the glove compartment of your car/cars, so you'll have one on hand when you go to the doctor. Obtain additional forms at the school office.

Please include a medical plan for your child. Signature of parent or guardian on this form requesting that the school comply with the physician's order is also required.

2. **For short-term doctor-prescribed medications (7-14 days):** If you are unable to schedule dosages before and after school, the medication must be brought to the school by the **parent or guardian - not the student** - in its original container. Again, the pharmacy or physician must appropriately label prescription medications. It is sometimes helpful to ask for a second properly labeled bottle so you can have one at school and the other at home.

3. The school **will only supply** over-the-counter medications indicated on this form on a short term basis. Parents may bring over-the-counter medications to the front office, labeled with the student's name and appropriate dosage along with this signed form (**parent signature only needed for over-the-counter**). The student will be able to access this medication when needed.

4. The school bears no responsibility for ensuring the medication is taken.

Please complete and sign this form and return it to the school office.

Name of Student: _____ Grade: _____ Teacher's Name: _____

Health condition for medication: _____ Allergies: _____

Name of Medication: _____

Dosage: _____ Time medication is to be administered: _____

Long-term Prescription Medications require the Physician's Signature. No Exceptions.

My child may take these medications as needed for: (check and fill in dates).

_____ Today only: Today's date is: _____
_____ From (date): _____ Until (date): _____
_____ During the entire school year (from August 2018 through May 2019)

(If duration of prescription medication exceeds three months, renewal of order is necessary. Mark your calendar now and mail or take your doctor a form at least a week before it is due at school.)

Prescribing Physician's Signature _____
I request that the school give the above medications as ordered.

Parent's/Guardian's Signature _____
(This signature is required for ALL medications.)

Parent Name: _____ Parent Cell#: _____

Preferred hospital in case of emergency: _____

Please remember: It is not safe for children to bring or take home any medications. The parent or guardian must do this.