

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies: \_\_\_\_\_\_**

**In compliance with Northland Christian School (NCS), all medications administered by NCS staff must be:**

* **delivered to the clinic** **by a parent/guardian or his/her designee (responsible adult),**
* **supplied in the original container (prescription bottle with prescription label or manufacturer’s packaging and will only be administered in accordance with prescriber or manufacturer’s guidelines),**
* **prescribed by a medical professional licensed with prescriptive authority in the state of Texas (unless US FDA approved medication available for purchase without a prescription),**
* **US FDA approved for safety and efficacy (school nurse must verify using reputable, peer-reviewed, evidence-based medical literature and may decline administration if she/he finds the dose to exceed current best practice or the medication is otherwise potentially harmful to the recipient),**
* **and retrieved from the clinic by a parent/guardian or his/her designee (responsible adult) by the last calendar day of the current school year or the medication will be destroyed in accordance with District expectations.**

**I request Northland Christian School personnel to administer the medication(s) listed below for the 20\_\_\_\_\_- 20\_\_\_\_\_ school year:**

**Parent/guardian phone: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Parent/guardian email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Med#1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Med#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Med#3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_Route:\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_Route:\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_Route:\_\_\_\_\_\_\_\_\_\_**

**#1 Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_\_\_ #2 Dose: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_ #3 Dose\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

**Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of request: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_\_ Date of request: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_\_ Date of request: \_\_\_\_\_\_/\_\_\_\_\_\_/20\_\_\_\_\_\_**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of student listed above, authorize the administration of the medication listed above for the current school year and authorize the school nurse or her designee to contact the prescribing healthcare provider for any clarification regarding the requested medication administration.**

**Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End of year disposition of medication: End of year disposition of medication: End of year disposition of medication:**

**O Retrieved by parent/guardian O Retrieved by parent/guardian O Retrieved by parent/guardian**

**O Destroyed by NCS staff O Destroyed by NCS staff O Destroyed by NCS staff**

**Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 7/2023**