TOWN CREEK
BAPTIST CHURCH

STUDENT MEDICATION AUTHORIZATION

- When possible, medications should be given to the student before or after school by the parent or guardian.
- ALL medication (prescription or over the counter) must be accompanied by this form. One form is required for each medication.
- Medications must be in their original bottles, labeled with student's name, dosage and prescribing physician's name.
- No more than a 30 day supply for a prescription medication may be brought to school.
- Any changes in medication require a new form.
- Medications that have passed their expiration date will not be administered.

Students Name	Date of Birth	Grade

Medication:	Dosage:	Route:
Purpose of Medication:		
Time of day medication is to be given at School:		Frequency (i.e. daily):
Anticipated Number of days medication will be given at school: □ Until the end of the current school year □ _____ weeks □ _____ days		Is the medication a controlled substance? ☐ YES ☐ NO Allergies:

Health Care Provider Authorization (for prescriptions only)

Health Care Provider's Signature (Required if Prescribed medication):	Date:
Insert Provider's Name and Address Stamp Below:	Office Phone Number:
	Office Fax Number:

Parent Authorization

I give permission for my child to be given the above medication as prescribed. I give permission for the appropriate TCCA staff to contact the health care provider named above, to discuss the medication and my child's health. I give permission for the health care provider named above, or a designated employee to provide information about this medication and my child's health to the appropriate TCCA staff. I understand that the school has a written medication policy and by signing below, I agree to adhere to it. I will not hold the school, church, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed methods. I will notify the school if my child's medication or health changes.

Parent/Guardian Signature	Date
Printed Name of Parent/Guardian	Phone Number