



IMPORTANT MEDICATION INFORMATION

Dear Parent/Guardian:

Dunnellon Christian Academy strongly urges parents to administer their child's medications at home whenever possible. If it is necessary for your child to take medication during school hours the following guidelines must be followed:

1. All medications, including over the counter medications, must be prescribed for your child by a licensed medical provider. Medications must be in the original container and have a valid, non-expired prescription label to be administered at school.
2. The prescription label must include a specific time for the medication to be administered. Prescription labels for "as needed" medications must include the symptoms for medication to be given and how often medication may be given. • Medication must be given as stated on label, staff cannot accept changes from the parent/guardian.
3. Medications **must** be delivered to the school office by an adult. **Students may not transport medications.**
4. Controlled substances, such as ADHD medications, should be given at home if possible. If a controlled substance must be administered at school, please be advised medication cannot be administered 30 days past the prescription fill date. The school can only accept enough medication for the school days within 30 days of the prescription fill date.
5. An "Permission for School Administration of Medication" form must be completed for each medication your child is to receive at school. Forms are only valid for the current school year.
 - A new authorization form will need to be completed if your child's medication changes in any way.
 - Please don't forget to give your child their first morning dose at home. School staff cannot administer the missed medication unless the time is listed on the label and the authorization form is marked and initialed appropriately.
6. An appropriate measuring device (syringe, measuring cup, etc.) must be turned in with all liquid medications.
7. All medications must be picked up by a parent/guardian or designated adult at the end of the school year or upon expiration.
 - Any medications not picked up by the end of the school year will be disposed of.

To help ensure your child receives their medication at school please discuss the importance of taking medication on time with your child and encourage them to report to the office promptly.

Dunnellon Christian Academy

Permission for School Administration of Medication

For school use only:
 Routine
 PRN (As needed)
 Start Date: _____

Medications should be administered by a parent or guardian before or after school hours, when possible. Initial doses of a medication that a child has never taken before should not be given at school. Medication to be given at school should be accompanied by this form, complete with the prescribing physician's signature, and provided to the school in the original labeled container for all medications. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing health care provider that includes the student's name, directions for proper administration, and the name, address, and phone number of the prescribing health care provider. It is the responsibility of the parent to furnish all medications to be administered at school. No medications will be provided by the school or school employees to students.

Child's Name _____	Date of Birth _____
Dunnellon Christian Academy Name of School _____	Grade _____

Medication: _____		Dosage: _____	
Purpose of Medication: _____		Route: _____	
Time medication to be given at school (Lunch times vary (10:30a – 1p))	Frequency (e.g., daily)	Note special storage requirements <input type="checkbox"/> None <input type="checkbox"/> Refrigerate <input type="checkbox"/> Other (please specify): _____	
Anticipated number of days medication will be given at school: <input type="checkbox"/> until end of current school year <input type="checkbox"/> _____ weeks <input type="checkbox"/> _____ days	Is child allergic to any food, medicines, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (List allergies.) Is this medication a controlled substance? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Possible Side Effects: _____			

Prescribing Health Care Provider's Signature _____	Date _____
Stamp, Print or Type Health Care Provider's Name & Address: _____	Office Phone Number _____
	Office Fax Number _____

Section below to be completed by child's parent or guardian:

I give permission for my child, _____, to be given the above medication as ordered. I give permission for the designated school employee or school administrator to contact the health care provider named above or the pharmacist who filled the prescription (if applicable) to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the designated school employee or school administrator. I understand that I am responsible for notifying the school if my child's medications change in any way. I understand that the school administrator may designate a trained school employee to assist students with medications.

Signature of Parent / Guardian _____	Date _____
Print or Type Name of Parent / Guardian _____	Day Phone Number _____