## REQUEST FOR MEDICATION ADMINISTRATION

## **CRESSET CHRISTIAN ACADEMY**

3707 Garrett Road, Durham, NC 27707 Phone (919)354-8000/ Fax (919)354-8009

All medications for use at school will be furnished by parent or guardian. Prescriptions must be in a container properly labeled by a pharmacist and over the counter medicine must be in the original container. All medicines must have written authorization from a physician and have identifying information, (e.g., name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken).

To be completed by parent or guardian:		
Name of student:		Grade:
Medication:	dosage:	
Time(s) medication is to be given: a.m	p.m	
Dates to be given: from: to:		
Physician's Name	Physician's Phone Nu	mber
I hereby give my permission for my child (r hours. I hereby release Cresset Christian A may result from my child taking the medica unless revoked.	cademy agents and employees	from all liability that
Parent's or Guardian's Signature	Phone Number	Date
To be completed by physician:		
Physician's Signature	Date:	
FOR SELF-ADMINISTRATION  □Student has demonstrated understandin medications, diabetes medication, or medical self-administer as prescribed.  [asthma/allergic reaction □*Medicated D□Epinephrine auto-injector; □Diabetes-in inhaler to be kept at school in case of eme	ose inhaler(MDI);   *Parent/guardian must	and may carry and spacer;