NEW HOPE CHRISTIAN ACADEMY

This form must be completed with physician and parent/guardian signatures. The required written information must be received BEFORE any medication can be administered at school, AND/OR if the student (with written doctor's permission) is carrying an inhaler/epipen.

Parent Permission Date: _____

Student's Name: _____ Birth date: _____

Address: _____ Home phone: _____

Grade Level: ____ Homeroom Teacher: _____

I hereby request and give permission for the SCHOOL NURSE or his/her DESIGNEE to administer the medication as described below and to communicate as needed with the parents or prescribing physician. I understand that I am responsible for delivering the prescribed medication to the student's school in its original container (as labeled from the pharmacy) and for assuring that an adequate supply of the medication has been provided to the school.

If the Health Care Provider has indicated that the student should be permitted to carry an inhaler and/or epipen at school, I understand that the student is responsible for its proper maintenance and use. I understand that if the student is found to have shared his/her medication with other students or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler/epipen at school, and disciplinary action may occur. I understand, and have informed the student, that he/she must notify the bus driver, principal, nurse or designee, or teacher if his/her inhaler/epipen is lost or is taken from him/her by another person. I have informed my child that if he/she needs to use the inhaler/epipen during the school day, he/she must then report to the school nurse or his/her designee immediately following the use.

Parent Signature: _____

Physician's Direction

The above named student is under my care and should receive the following:

Medication: _____ Dosage: _____ Route: _____

At these times: _____

Side Effects that need attention: _____

Other specific instructions for administration:

Inhaler/Epipen Only:

The student knows and understands the proper use of his/her inhaler/epipen. ☐ Yes ☐ No

The student should be allowed to carry it on his/her person ☐ Yes ☐ No

Possible side effects to watch for:

Expiration date of this request: _____

Doctor requests teacher's comments

- ❑ Yes: Please observe the following: _____
- ❑ No: Teacher comments unnecessary

Physician Name (Please print or type): _____

Physician Signature: _____

Physician Phone Number: _____ Physician Fax Number: _____

Date: _____