



SAVANNAH CHRISTIAN
Preparatory School

LOWER SCHOOL

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATIONS

The Lower School does, at the request of the parent of guardian, administer prescribed medication. However, it should be understood that we can serve only as a distribution point for prescribed medication. If we are to issue medication to your child, it is important that we obtain your authorization, as well as important information about the dosage, time to be administered and name of the prescribing physician. This information should be on file at the school in case of an emergency situation.

Please complete the information below and return this sheet to the school office. Should you have any questions, please feel free to give us a call.

NAME: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

DOB: _____

PERTINENT MEDICAL INFORMATION

MEDICATION _____

APPROPRIATE DOSAGE _____

DISPENSING TIME _____

PRESCRIBING PHYSICIAN _____

PHYSICIAN'S PHONE # _____

ALL MEDICATIONS, WHICH ARE DISPENSED AT SCHOOL, MUST BE IN THE ORIGINAL BOTTLE WITH CORRECT DOSAGE ON THE LABEL. A NEW FORM MUST ACCOMPANY ANY CHANGES IN DOSAGE OR MEDICATION.

I hereby authorize personnel at Savannah Christian Lower School to issue the prescribed medication to my child in accordance with the stated dosage. I also release Savannah Christian Lower School personnel from any responsibility for any effects that may result from taking this medication.

(Signature of parent or guardian)

(Date)

DEVELOPING THE WHOLE PERSON TO THE GLORY OF GOD