



CCA-CFA Medication Form

Date: _____

Request for Medication (Prescription & over-the-counter) to be given during school hours or on school sponsored overnight field trips.

If the prescription is for an EPI-PEN, INHALER, or INSULIN, the student may self-carry & self-administer the medication only if you have a Physician's signature below.

Student Name

Date of Birth

Grade

Medication

Dosage

Time of Medication Administration:

A.M. _____

P.M. _____

PHYSICIAN'S PERMISSION

If the prescription is for EPI-PEN, INHALER, or INSULIN, the student may self-carry & self-administer the medication. I have provided education in this administration, and the student is knowledgeable and has demonstrated the necessary skill for self-administration.

Physician's Name

Physician's Signature

Date

Phone #

Possible adverse reactions that should be reported to the Health Care Physician above: _____

Check if serious reaction can occur if medication is not given exactly as prescribed:

Check if serious reaction can occur even when the medication is administered properly:

Special handling instructions: _____

PARENT'S PERMISSION

I hereby give my permission for my child (named above) to receive medication during school hours. I will furnish this medication in a container properly labeled with identifying information (name of child, medication to be dispensed, dosage prescribed, and the time which it is to be dispensed).

Cornerstone Charter Academy – CFA does not have a registered nurse or physician on staff. By signing this authorization you are releasing CFA from all liability in the administering or failure to administer medication to your child. You agree to hold CFA harmless for bodily injury, including death, for all matters relating to dispensing this medication to your child on your behalf.

Parent/Guardian Signature

Date

Phone #

PLEASE TURN IN THIS FORM AND ALL MEDICATIONS TO THE SCHOOL OFFICE