

Fairview Christian Academy
261 County Road 439
Athens, TN 37303

Medication Consent Form

Parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed.

1. Present a written consent form signed by the physician and parent or legal guardian.
2. Bring the medication to the school in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. If medication is not properly labeled, it will not be given.

Name of Student _____ Birthdate _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

Physician's Signature

Date

I, the parent, authorize the school to assist my child in taking oral medication. I agree that I will not hold liable any member of the school staff who is directed by the school administrator to assist my child in taking oral medication.

Parent's Signature

Date

