NON-PRESCRIPTION MEDICATION/TREATMENT ADMINSTRATION AUTHORIZATION FORM

Harvest Christian School allows parents/guardians of enrolled students to complete the following authorization form that gives HCS employees permission to administer the below non-prescription medication/treatment to the listed student according to the directions below.

The following requirements must be met:
1. The below form must be completed in its entirety.
2. Medication/Treatment must be in the original container.
3. Medication/Treatment must have child's name clearly printed on it.
4. A copy of this completed form must be kept with the medication/treatment.
5. At least one dose of the medication/treatment has been administered to the below child without adverse effects, allergies, or negative interactions.
6. Any changes or recension of the below must be in writing.

Note: This form is only valid for the current school year and summer program it is completed in.

STUDENT INFORMATION	
Name:	
Date of Birth:	Student's Teacher:

MEDICATION INFORMATION	
Medication/Treatment Name:	Dosage:
Condition/symptoms for which medication/treatment is being administered:	
Method of Administration:	Time of Administration/Treatment:
Start Date of Administration: ____/____/____	End Date of Administration: ____/____/____
Explain any side effects, allergies, possible negative interactions to this medication/treatment:	

APPROVAL SIGNATURE

I request the above medication/treatment be administered to the above child as described and directed above. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication/treatment at school. I understand that I must supply the school with the correct amount of medication/treatment for the dates written above. I have administered at least one dose of the medication/treatment to the above child without adverse effects, allergies, or negative interactions. I understand that at the end of the summer program year, an adult must pick up the medication, otherwise it will be discarded.

Printed Parent/Guardian Name:	Phone Number:
Parent/Guardian Signature:	Date: