

**Medication Administration Release and Authorization Form**  
Physician or Parent Request to Administer Medication During School Hours

NOTE: Liberty Christian Academy, without the written authorization of the parent and/or physician, cannot administer medication, prescribed or over the counter. This form must be kept current. The parent is responsible for providing all information needed for the proper administration of medication. A confirmation of current medications, which must be administered during school hours, must be made or renewed at the beginning of each school year. Whenever there is a change in medication, the parents must have a new form completed by the physician.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**To be completed by physician or parent:**

Medical diagnosis of above-named student: \_\_\_\_\_

The following medication is given during school hours: Medication Name \_\_\_\_\_

Route of Administration \_\_\_\_\_ Time of Administration \_\_\_\_\_

Dosage \_\_\_\_\_ Duration \_\_\_\_\_

I hereby consent and authorize the administration of Liberty Christian Academy to administer the

Aforementioned medication to \_\_\_\_\_  
(Print Student Name)

Parent's Name \_\_\_\_\_  
(Print Clearly)

Parent's Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

**STUDENT MAY HAVE AS NEEDED THE FOLLOWING OVER THE COUNTER MEDICATIONS:**

Put a check mark beside the following medications that may be administered on an as-needed basis. All medications must be given directly to the office in their original unopened package. All medications are given per package dosage instructions, unless otherwise noted.

Cough Drops       Ibuprofen – dose \_\_\_\_\_       Tylenol – dose \_\_\_\_\_       Tums

Topical Neosporin       Topical Hydrocortisone       Benadryl – dose \_\_\_\_\_

Other \_\_\_\_\_

All medications must be provided by the parents. Liberty Christian Academy will not supply medication to students. All medications not used by the end of the school year need to be picked up before the last day of school or they will be destroyed.

**PICK UP/RELEASE OF MEDICATION**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Signature \_\_\_\_\_