

**Authorization to Administer Medication During School Hours  
Cornerstone Christian School**

As stated in the Policies and Procedures Manual, "Under no circumstances should any school employee attempt to suggest a diagnosis or prescribe or give medicine of any kind, including aspirin, to a student."

If it is absolutely essential that medication be administered during school hours, the following procedure must be followed. For the protection of all concerned, it is necessary for the school office to have the following specific information and signatures prior to administering medication.

All prescription medication must be in the labeled container as prepared by a pharmacy, physician, or pharmaceutical company. Non-prescription medicines must be in the original container.

Physician's Statement

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of type of medication \_\_\_\_\_

Amount to be given \_\_\_\_\_

Time(s) to be administered \_\_\_\_\_

Other comments regarding administration, or special instructions (if any) \_\_\_\_\_

\_\_\_\_\_

Duration of treatment \_\_\_\_\_ (limited to this school year)

\_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Physician's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Parents' Statement

I hereby give permission for the above medicine to be administered to my child  
\_\_\_\_\_ (name) by personnel of CCS.

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_