

AUTHORIZATION TO ADMINISTER MEDICATION

Out of concern for the well-being of students and in compliance with state regulations, it is the policy of Trinity Baptist School to have written authorization to administer medication to a student during the school day. This written authorization releases Trinity Baptist School and its employees from any and all liability.

NON-PRESCRIPTION MEDICATIONS

Please return this completed form along with the medication in its original container to the school office. The school cannot give out non-prescription medication without this form on file.

PRESCRIPTION MEDICATIONS

Please return this completed form along with the medication in the original pharmacy container with the label listing the name of the doctor, phone number, type of medication and dosage information. The school cannot dispense medication unless these conditions are met.

Student's Name: _____ Birthdate: _____ Age: _____
Drug Name: _____
Required Dosage & Time: _____
Drug Allergies: _____
Additional Comments: _____

***A form is needed for each medication taken.**

I hereby authorize school personnel to administer the afore mentioned medication during school hours according to the prescribed directions.

Parent's Signature

Date

Daytime phone number

TRINITY BAPTIST SCHOOL
280 Trinity Dr. Williston, VT 05495
802-879-9007