



# Cornerstone Academy

Medication Administration Form

2018 - 2019 School Year

(Medication supplied by parents)

Date: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_

I hereby give permission for the following medication to be administered to my child by school personnel during the school day:

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

Date to begin: \_\_\_\_\_ Date to end: \_\_\_\_\_

Reason to give medication: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PHYSICIAN signature required for ALL MEDICATIONS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

PARENT signature required for ALL MEDICATIONS.

### ***Medication policy reminders:***

- *All medications administered at school must be checked in at the office with required authorization.*
- *Medication must be received in its original container and must be labeled with the student's name.*
- *This authorization is valid for the school year named above and must be renewed each year.*
- *Copies of this form may be obtained from the CSA website ([www.cornerstoneacademy.school](http://www.cornerstoneacademy.school)).*