

Trinity Christian School Medication Release Form

(Last Updated May 2007)

I, the undersigned, request and authorize the staff of Trinity Christian School to administer medication to _____ in grade _____.

Name of Medication	Dosage	Time	Duration
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

I understand that prescription medication must be in its original container and clearly labeled with child's name, doctor's name, dosage and expiration date. Non-prescription medication must also be in its original container and should be labeled with the child's name, a current date and dosage for your child. Ziploc or other improvised containers will not be accepted. All liquid-type medication must be accompanied with a measuring cup or medication spoon. Liquid medication will not be administered without this. The school will administer one of the following: Children's Tylenol Chewables or Meltaways, Jr. Tylenol Chewables or Meltaways or a generic brand of either when needed after verbal authorization from parent is given and a signed medical release form is completed and on file. I understand that Trinity Christian School will not administer out-of-date non-prescription or prescription medication. Trinity Christian School reserves the right to refuse to medicate my child if the above requirements are not met. I agree not to hold Trinity Christian School or its staff responsible for any adverse reaction my child may have to this medication.

NO STUDENT MAY HANDLE MEDICATION; PARENTS MUST DROP OFF AND PICK UP MEDICATION FROM STAFF MEMBERS.

For Elementary Students:

- Fill out the Medical Release Form.
- Give form and all medications to designated staff:
 - From 6:30am to 7:30am See before school staff.
 - From 7:30am to 4:00pm See office staff.
 - After 4:00pm See afternoon staff.
- OFFICE STAFF WILL ADMINISTER MEDICATION.

For Preschool Students:

- Fill out Medication Release Form.
- Pin medication ID tag on child's clothing on the back shoulder.
- Give medication to Preschool staff.
- PRESCHOOL TEACHER WILL ADMINISTER MEDICATION.

Parent/Guardian Signature

Date

White: Office
Yellow: Teacher