

Medication Administration at Mackintosh Academy
(One form per medication, including over the counter medications)

The parent/guardian of _____ ask that Mackintosh Academy Authorized Staff give the
Child's Name

following medication _____ at _____ to my child,
Name of medicine and dosage Time(s)

according to the Health Care Provider's signed instructions on the lower part of this form.

The Academy agrees to administer medication prescribed by a licensed health care provider. It is the parent/guardian's responsibility to furnish the medication. The parent agrees to pick up expired or unused medication within one week of notification by staff.

Prescription Medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the Counter Medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container. Students may not keep *any* medications with their personal belongings. All medications need to be locked up and administered by an authorized staff member. Staff may not give medication, such as the school's Tylenol, to any student.

By signing this document, I given permission for my child's health care provider to share information about the administration of this medication with school staff delegated to administer medication.

Parent/Legal Guardian's Name Parent/Legal Guardian's Signature Date

Daytime Telephone Number

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Health Care Provider Authorization to Administer Medication at Mackintosh Academy

Child's Name: _____ Birthdate: _____

Medication: _____ Dosage: _____

To be given at the following time(s): _____

Epi-pen or inhaler only: Allowed to self-medicate? (need physician's signature) _____

Purpose of medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority License Number

Phone Number Date

Please ask the pharmacist for a separate labeled medicine bottle to keep at school. Thank you!