

NDCS MEDICATION REQUEST FORM
**Administration of Medication at
Northern Dauphin Christian School**

In the event that a medication may need to be administered during the school day, please complete this form and send it to school with your child. Medication will not be administered without this completed form. Additional forms are available by contacting the school office.

I give permission to the administrator of NDCS, or designated teacher, to administer the medication listed below. I release NDCS and the medicaiton administrator of all legal liability that may result in the administration of this medication. I understand that all medication must be provided by the parent or legal guardian of a student. NDCS will not supply medication to any student at any time. I understand that all medications must be provided in the original labeled containers. If it is a prescribed medication it must be brought to school in the original pharmacy bottle with the child's name and dosage information clearly marked.

| |
|---|
| Student Name: _____ |
| Reason For Medication: _____ |
| Side affects that may be noticed: _____ |
| Medication: _____ Prescription ___ Over the Counter _____ |
| Dosage: _____ Date(s) to be given: _____ |
| Time to be given: _____ |
| Parent Signature: _____ Date: _____ |

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