



**CORNERSTONE**  
CHRISTIAN ♦ ACADEMY

**AUTHORIZATION TO ADMINISTER MEDICATION**

Please complete for medical conditions such as: asthma, seizure disorders, diabetes or other ongoing medical conditions that warrant a care plan.

STUDENT NAME: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_\_ GRADE: \_\_\_\_\_

**PARENT/GUARDIAN STATEMENT**

I hereby request that Cornerstone Christian Academy, through its designated authority, supervise and or assist in the administering of medication to my child, \_\_\_\_\_, according to the instructions below. I release the Board, the school, and any school employee from liability for administering any authorized medication. I have read and understand the Medication Guidelines.

Reason medication is needed\*:

Name of medication:

Exact Dosage:

Time(s) to be administered during the school day:

Medication to be given for: (check one)

Entire school year

Until finished

as ordered above

Other: please explain below

Other Instructions:

\* If medication is for anaphylaxis or asthma, this form is not required, if the Allergy Care Plan or Medical Care Plan has been completed.

For office use only

\_\_\_\_\_ Date form received

\_\_\_\_\_ Date medication received

Parent or Legal Guardian's Signature

Date

**Please upload this form to the Magnus Health Portal.**

## MEDICATION GUIDELINES

Students are not permitted to have medications in their possession on campus. If a medication needs to be taken during the course of the school day, the student must come to the front office to obtain it from the office staff. Records will be kept of all medications administered.

Medications must be brought to the office to be logged in by the office staff. With certain medical conditions, such as diabetes, asthma, or severe allergies, the student may be allowed to carry the necessary medications or supplies. Students (grades 5th - 8th) who use an inhaler or carry an EpiPen, MUST provide an extra inhaler/EpiPen to the office staff prior to the first day of school.

To safely administer medications during school hours, the following is required.

### MEDICATIONS

All medicine must be in the original container. An Authorization to Administer Medication form must be used. The office administrator will not administer medications that are in plastic bags or other containers. The request must include:

1. Student's Name and Grade
2. Name of Medication
3. Amount to be given (exact dosage of medication)
4. Time(s) to be given
5. Reason for Medication to be given
6. Length of Time Medication is to be given.

**\*Please Note:** The dosage and instructions on the Medication Authorization Form MUST match the information on the prescription container - When filling a prescription, ask the pharmacy for a "school bottle," and they will provide an empty container with the correct label. Please do this for all medications that are taken at school. The office administrator will not administer medications that are in plastic bags or other containers.

**All medications must be picked up from the office by the last full day of school in May.  
All medication that is not picked up will be discarded in June.**