

# Wildwood Christian Academy

## Administration of Prescribed Medication for Student

1. Physician's Statement:

\_\_\_\_\_ is under my professional care and is on the following medication:

Medication: \_\_\_\_\_ Current Dosage: \_\_\_\_\_

Method medication is taken: \_\_\_\_\_

Date medication to be started \_\_\_\_\_ Date to be ended \_\_\_\_\_

Time Schedule \_\_\_\_\_

Precautions, if any \_\_\_\_\_

I recommend that the designated school personnel assist in the administering of the prescribed medication during school hours.

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

2. Parent(s) or Guardian Statement:

As the parent(s) or guardian of \_\_\_\_\_  
(Student's name) (we)(I) request Wildwood Christian Academy assist in carrying out  
\_\_\_\_\_ (Doctor's name) instructions in the administering of the  
prescribed medication during the school day.

Date: \_\_\_\_\_ Signature of Parent/ Guardian: \_\_\_\_\_

**No medication will be administered without the signatures of the physician and parent/ guardian**

(Please return this form to the school office)