



# COVENANT CHRISTIAN ACADEMY

## Medication Dispensing Form

**MEDICATION BROUGHT TO SCHOOL MUST BE IN THE ORIGINAL CONTAINER AND MUST BE CLEARLY LABELED WITH STUDENT'S FIRST AND LAST NAME.**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication/Dosage: \_\_\_\_\_

Times to be Administered: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

Field Trip/Weather Delayed Days - Can dose be omitted? Yes  No

If no, please explain how the dose schedule should be adjusted: \_\_\_\_\_

*I understand that Covenant will rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the medication and that the student named above is under my supervision as a patient for diagnosis and treatment.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone Number

*As parent or guardian of the above named student, I hereby request that the medication described above be administered to my child by Covenant employees, and I release Covenant and its employees from all liability for damages my child may suffer as a result of this request.*

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date