

**Tipton Christian Academy**  
**AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS**

**Please complete all information**

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE PHYSICIAN**

Diagnosis for which medication is given: \_\_\_\_\_  
(i.e., Behavioral, Seizure, Asthma, Diabetes, etc.)

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Form (pill, liquid, inhaler): \_\_\_\_\_ How often given? \_\_\_\_\_

List significant side effects: \_\_\_\_\_

Length of time medication prescribed: \_\_\_\_\_

- The undersigned hereby verifies that the cooperation of school personnel in assisting with this medication is necessary in order to permit the student to maintain regular school attendance.
- The undersigned hereby verifies that the above student suffers from asthma and has been instructed in self-administration of the prescribed, metered dosage, asthma-reliever inhaler.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (print)

\_\_\_\_\_  
Telephone

**THE FOLLOWING IS TO BE COMPLETED BY THE PARENT/GUARDIAN**

I request that my child be allowed to take his/her medication as authorized by the physician and me.

In the case of the administration of prescribed, metered dosage, asthma inhalers:

- I do NOT want my child to self-carry his/her asthma inhaler.
- I do want my child to self-carry his/her inhaler.

I agree to indemnify and hold harmless TCA and its employees from claims relating to the possession or self-administration of asthma inhalers and understand that TCA, its employees and agents shall incur no liability as a result of injury to a student or any other person as a result of possession or self-administration of asthma inhalers.

I also authorize someone from TCA to consult with the prescribing physician to clarify this medication order or in the interest of the student's health, to discuss his/her response to the prescribed medication. All health information will be kept confidential.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
TELEPHONE

Date Discontinued \_\_\_\_\_