



**WHEATON CHRISTIAN GRAMMAR SCHOOL
School Medication Permission**

Student's Name _____ Grade _____ Teacher _____

Physician Statement to be completed by student's physician

(Please note that a change in dosage requires written authorization)

Name of Medication _____	
Dosage _____	Frequency _____
Student's Diagnosis _____	
Possible side effect(s) _____	
Other medication(s) student is receiving _____	
Is it necessary that this medication be administered in school?	Yes No
_____ Physician's Signature	_____ Date
_____ Physician's Phone Number	

Administration of medication by Wheaton Christian Grammar School personnel is contingent upon the following guidelines:

1. The physician's statement above must be completed.
2. We do not have a full-time nurse at WCGS. Medicine will be administered by a school secretary, non-medical personnel.
3. The medication must be brought to the school office in a pharmaceutical container labeled with the student's name, name of medication, the dosage and all pertinent instructions.
4. The school must store the medication in a locked cabinet.
5. The school must maintain a written record of any medication dispensed. Such record must list student's name, name of medication, time it was administered, and by whom.
6. The student's parent or guardian must renew written orders for continuing medication at the beginning of each school year and whenever the medication or its dosage is changed.

Parent Authorization for Administration of Medication in School

(To be completed by Parent of Guardian)

I hereby confirm that I have reviewed and understand Wheaton Christian Grammar School's policy regarding the administration of medication in school. I hereby authorize Wheaton Christian Grammar School and its employees in my behalf to administer or attempt to administer to my child lawfully prescribed medication in the manner described on the Physician's Order for administration of medication in school above. In addition, I agree to hold harmless and indemnify the School and its employees from and against any and all claims, damages, and causes of action or injuries incurred or resulting from the administration or attempt to administer said medication.

Parent/Guardian Signature

Date