

**FORT WORTH CHRISTIAN SCHOOL  
HEALTH SERVICE DEPARTMENT  
Medication Authorization Form**

Only medications that are required to enable a student to stay in school may be given at school. Three times a day medication should be given before school, after school and at bedtime. If necessary, medication can be given at school and under the following conditions:

1. **Medication must in be in the original properly labeled containers**, date for the current school year and brought to school by an adult. **Medication sent in baggies or unlabeled containers will not be given.**
2. Prescription medications will be given only with a specific written request signed by at least one parent/guardian. Physicians must be licensed to practice medicine in the State of Texas. The prescription label will serve as the physician's signature. This request form may be obtained at the school or on the Fort Worth Christian website ([www.fwc.org](http://www.fwc.org)).
3. A trained unlicensed employee may administer medication.
4. All medications must be kept in the clinic, except for students whose doctor and parent furnish the school with a written permit to carry an inhaler on their person. A second inhaler should be kept in the clinic.
5. Please speak to the school nurse if your child requires long-term medications, any health procedure, or monitoring.
6. Aspirin or products containing aspirin should not be given to students under the age of 18 without a physician's order.
7. **FDA approved over the counter medicine requires parent/guardian written permission and may not be given longer than 10 days without a doctor's written order.**

**Request for administration of medication at school**

Student \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_

Allergies \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Medication \_\_\_\_\_ Relevant Diagnosis \_\_\_\_\_

\_\_\_ every day                      \_\_\_ Episodic/ Emergency Event ONLY

Dosage \_\_\_\_\_ Form \_\_\_\_\_ Route \_\_\_\_\_ Time of day \_\_\_\_\_

Medication \_\_\_\_\_ Relevant Diagnosis \_\_\_\_\_

\_\_\_ every day                      \_\_\_ Episodic/ Emergency Event ONLY

Dosage \_\_\_\_\_ Form \_\_\_\_\_ Route \_\_\_\_\_ Time of day \_\_\_\_\_

Parent/Guardian Consent:

I give my permission for the above medication(s) to be given to my child at school or on school sponsored field trips. I understand that the medication may be given by an authorized FWC employee. I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school that have a need to know for legitimate educational purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Home phone number

\_\_\_\_\_  
Business/Cell phone number

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

\_\_\_\_\_  
Physician's phone number