



**GREATER PORTLAND  
CHRISTIAN SCHOOL**

## **Authorization to Administer Medication During School Hours**

For School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Medication Description (e.g., tablet, drops, inhalant): \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_

Healthcare Provider's Phone: \_\_\_\_\_

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

Possible side effects and safety procedures: \_\_\_\_\_

**Parent Authorization for Medication Administration:** I authorize medically unlicensed GPCS staff to administer the above medication to my child as stated. I understand that if the medication is still in school seven (7) days after the last student day, the medication will be disposed of.

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

Parent/Guardian Name Printed: \_\_\_\_\_

Please note that students should not take any medication during the school day, other than inhalers or emergency medication such as an Epi-Pen, that is not dispensed by the office. If your student has a particular medication that he/she needs from time to time, such as an antihistamine or medicine for premenstrual issues, you may complete a medication authorization form and give a supply of it to the office, and your student can go to the office for the medication as needed.

All medications that are given at school are logged in Sycamore with time, date, and dosage, and a Pass-A-Note (PAN) is sent through Sycamore to the parent.