

Elizabethtown Christian Academy Medication Administration Form
Please have a physician/healthcare provider complete this form (must be completed yearly)

Nonprescription Medication

In accordance with NC State Law NC 115C-375.1, a physician/healthcare provider authorization and parent permission are required before school employees can administer over-the-counter medication. Dosages for all medication will be administered according to the manufacturer's recommendations on the label AND the patient's weight unless otherwise authorized by a physician.

Student Name: _____ D.O.B. _____

Grade: _____ Weight: _____

Drug Allergies:

Nonprescription Medications at ECA:

| | | |
|----------------------|-----------------------------------|-------------------------------|
| _____ Tylenol 500 mg | _____ Children's Tylenol 160 mg | _____ Cough Drops |
| _____ Motrin 200 mg | _____ Children's Motrin 100 mg | _____ Tums |
| _____ Benadryl 25 mg | _____ Children's Benadryl 12.5 mg | _____ 1% Hydrocortisone cream |
| _____ Benadryl Cream | _____ Calamine Lotion | _____ Midol (girls only) |

_____ All of the Above Medication

Physician/Healthcare Provider Signature

Date

I request that my child be administered the above medications during school hours when necessary. I release Elizabethtown Christian Academy, its employees, coaches and Board of Directors from all liability that may result in my child taking the prescribed medication.

Parent/Guardian Signature

Date