FAITH CHRISTIAN
ACADEMY

WRITTEN MEDICATION CONSENT FORM

One form must be completed for each medication. Multiple medications ***cannot*** be listed on one consent form. This form is valid for one school year. One school year is defined as the first day of school through the last day of Summer Camp. All medication must be presented in its original packaging along with any inserts describing side effects or special instructions.

Student Name: _____ DOB: _____

Known Allergies: _____

Medication: _____ Dosage: _____

Route of Administration: _____

Frequency to be Administered (*include time*): _____

Symptoms that Necessitate Administration (*must be observable and measurable*): _____
_____

Side Effects to Medication: _____
_____

What action should FCA take if side effects are noted? _____
_____

Special Instructions: _____
_____

Reason for Medication (*unless confidential by law*): _____
_____

Date to be Discontinued ***or*** Length of Administration: _____

Describe additional training, procedures, or competencies staff will need to care for this student: _____
_____
_____

Prescriber Name: _____ Prescriber Phone: _____

I authorize Faith Christian Academy (FCA) to administer the medication as specified above to the student as specified above. I have verified this form is complete where applicable. My signature indicates that all information needed to administer the medication as specified above has been given to FCA. I understand this form *expires on August 31st of each calendar year*.

Printed Name **Signature** **Date**