

Great Bridge Christian Academy (GBCA)

REQUEST FOR PRESCRIPTION AND OVER-THE-COUNTER MEDICATION
SCHOOL YEAR 2018-2019

Physician to Complete

Student's Name: _____ Grade: _____

Medication Allergies: _____

Medication Name: _____ Date of Order: _____

Dosage: _____ Route: _____ Time to be administered: _____

Common Side Effects: _____

Diagnosis: _____ Duration of order: _____

Is this medication for PRN use only? YES NO

Has the student taken this medication before? YES NO

If you circled YES to the above question, has the student ever had a reaction to the medication? If so, please explain: _____

Physician's Name: _____ Phone #: _____

Physician's Signature: _____

Parent's Signature: _____

A PHYSICIAN'S SIGNATURE IS REQUIRED FOR ALL PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS FOR ANY CHILD ENROLLED AT GBCA. MEDICATIONS MUST BE BROUGHT IN THE ORIGINAL CONTAINER LABELED BY THE PHARMACY. PARENTS SIGNATURE IS REQUIRED ON THIS FORM IN ORDER TO ADMINISTER MEDICATION. ALL MEDICATIONS WILL BE REQUIRED TO STAY IN THE CLINIC (UNLESS OTHERWISE INDICATED FOR EMERGENCY MEDICATIONS) AND WILL BE ADMINISTERED BY EITHER THE SCHOOL NURSE OR MAT PERSONNEL. ANY MEDICATIONS NOT CLAIMED BY THE LAST DAY OF SCHOOL WILL BE DESTROYED APPROPRIATELY. PHYSICIAN SIGNED ACTION PLANS MUST BE COMPLETED AND ATTACHED TO THIS FORM FOR ALL EMERGENCY MEDICATIONS (EPIPENS, INHALERS, SEIZURE AND DIABETIC MEDICATION).

All Infant, Preschool or Extended Care students must have this form completed every 6 months by the physician.