Instructions:
- The parent/guardian must provide the medication and bring it to the office. **Students must not carry/bring the medication to school.**
- **Over-The-Counter (OTC)** medication must be packaged in the original, unopened container.
- **Prescription** medication must be labeled with the child’s name, the medication name, dosage, licensed health care provider’s name, pharmacy name, and pharmacy phone number. For your convenience, please ask the pharmacist for a separate medicine bottle for home.
- The parent agrees to pick up expired/unused medication within one week of notification by the staff.
- The name of the medication MUST match the bottle and the form. (For example, if the name of the medication is Motrin, the bottle/form must say Motrin. It will not be accepted if it says Advil. The generic name is preferred.)

**Section A: To be completed by Parent/Guardian**

I authorize and request the school/childcare staff to give the following medication to my child.

Child’s Name: ___________________________________________________

Name of Medication: _____________________________________________

Dosage: ___________________________________ Time to be administered: ________________

If medication is given prior to school hours, state time and dosage: ___________________________

Starting Date: _____________________________ Ending Date: _____________________________

Parent/Guardian Signature: ___________________________ Date: __________________________
Denbigh Baptist Christian School  
Medication Administration Form  
Long-Term Medications

Instructions:
- The parent/guardian must provide the medication and bring it to the office. **Students must not carry/bring the medication to school.**
- **Over-The-Counter** (OTC) medication must be packaged in the original, unopened container.
- **Prescription** medication must be labeled with the child’s name, the medication name, dosage, licensed health care provider’s name, pharmacy name, and pharmacy phone number. For your convenience, please ask the pharmacist for a separate medicine bottle for home.
- The parent agrees to pick up expired/unused medication within one week of notification by the staff.
- The name of the medication MUST match the bottle and the form. (For example, if the name of the medication is Motrin, the bottle/form must say Motrin. It will not be accepted if it says Advil. The generic name is preferred.)

**Section A: To be completed by Parent/Guardian**

I authorize and request the school/childcare staff to give the following medication to my child.

Child’s Name: ____________________________________________

Name of Medication: ______________________________________

Dosage: ____________________________  Time to be administered: ____________________________

If medication is given prior to school hours, state time and dosage: ______________________________________

Starting Date: ____________________________  Ending Date: ____________________________

Parent/Guardian Signature: ____________________________  Date: ____________________________

**Section B: To be completed by Physician/Health Care Provider**

I certify that it is medically necessary for the medication listed below to be administered to this child for a duration that exceeds 10 school days.

Child’s Name: ____________________________________________

Name of Medication: ______________________________________

Dosage: ____________________________  Time to be administered: ____________________________

Route: ____________________________________________

Purpose of Medication: ______________________________________

Special Instructions: ______________________________________

Starting Date: ____________________________  Ending Date: ____________________________

Physician’s Printed Name: _________________________________

Physician’s Signature: _________________________________  Date: ____________________________

Physician’s Phone Number: _______________________________  License Number: ____________________________