RIVERSIDE CHRISTIAN SCHOOL
360.835.5600 | 463 N. Shepherd Rd, Washougal, WA, 98671 | Riversidesch.com

Request for the School Administration of Medication in School

Riverside Christian School would like to encourage parents to administer medication outside of the school day. However, we realize that some students may occasionally require medication during class time. Please keep these medication requests to a minimum. Thank you!

PARENT/GUARDIAN CONSENT

We _____as parents of

_____ hereby release Riverside Christian School, and its employees, from any and all responsibility in complying with this request for use of medications for the named student below.

I hereby give permission for my child _____ to take the above named prescription or non-prescription medication. I understand that I am to furnish the medication in a medicine bottle labeled by the physician or pharmacist in a single, daily dose. I certify that my child has had at least one dose of this medication and has shown no apparent reaction to it.

Parent/Guardian Signature:	Relationship:	Date:

TO BE COMPLETED BY STUDENT'S PHYSICIAN

Student's (Patient) Name:	Date of Birth:

Diagnosis of illness or condition:
Medication Required:
Dosage:
Time Intervals:
Method of Administration:
Expected Duration of Administration:
Possible Side Effects:
Special Instruction for the Teachers:

Physician's Signature:	Please Print Name:
Phone Number:	Date: