



IMANI CHRISTIAN ACADEMY

2150 East Hills Drive, Pittsburgh Pa, 15221
(412) 731-7982 | Fax: (412) 731-7343

AUTHORIZATION TO ADMINISTER MEDICATION FORM

“The Main Office will not supply students with medications. Although, Imani strongly recommends that medication be given at home, it realizes that the health of some children requires that they receive the recommended dosage as closely as possible to their scheduled time at school. Medication shall be restricted to those medications prescribed in writing by a physician and accompanied by a completed **Authorization to Administer Medication Form**, which is available at the Main Office. All medications must be brought to the Main Office in the original container, with the student name, dosage, and the name of the prescribing physician clearly visible. If the student’s physician requests ICA’s assistance to administer medication, a designated person (not necessarily a nurse) will provide this service to the student.”

- Imani Christian Academy Parent-Student Handbook; Medications.

STUDENT INFO

Name: _____

Date of Birth: _____

HEALTH CARE PROVIDER INFO

Health Care Provider: _____

Health Care Provider Phone #: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

I have determined the medication named below is advisable during the school day.

Diagnosis for Medication Given: _____

Name of Medication: _____

Dosage: _____

If medication is to be given DAILY, what time? _____

If medication is to be given AS NEEDED, describe indications: _____

How often can medication be administered? _____

Health Care Provider Signature and Date: _____

I understand that a designated person, not necessarily a nurse, will provide this service to my child. I agree to hold harmless Imani Christian Academy, its agents, employees, and board members against all claims, judgments, or liability with regard to the administering of this medication.

Parent/Guardian Signature: and Date _____