

# MITCHELL ROAD CHRISTIAN ACADEMY

Request for Medication Administration  
(To be completed by parent or guardian)

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency contacts:

Name/Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Name/Relationship \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I give authorization to MRCA to take my child to the nearest medical center in case of an emergency?

**\*\*\*Parents must sign below before students can participate in Mitchell Road Christian Academy Field Trips.**

\_\_\_\_\_  
**PARENT SIGNATURE (required)**

\_\_\_\_\_  
Date

My child can be given the following Non-prescription Medication: (please check all that apply)

- Jr. Tylenol    Tylenol    Jr. Motrin    Motrin    Benadryl Tablet  
 Topical Benadryl    Maalox, Mylanta or Tums    Cough Drops    Saline Eye Drops

I request that Mitchell Road Christian Academy administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this form. I understand that the school will have limited liability while administering medication to my child in accordance with a physician's statement of need.

Prescription medication to be administered at school \_\_\_\_\_

Time or interval at which each dosage is to be administered \_\_\_\_\_

Medication administered on a regular basis at home \_\_\_\_\_

Any allergies or special medical conditions your child may have should be listed below. \_\_\_\_\_

\_\_\_\_\_  
**PARENT SIGNATURE (required)**

\_\_\_\_\_  
Date