

# First Baptist Christian School

## Instructions for Medication Dispensing and/or Administration of Incidental Medical Services by Non-Medical Staff

### Child's Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Physician's Name (please print) \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Name of medication(s) to be administered or incidental service to be provided: \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_

Method of administration (i.e. by mouth, by injection, etc.): \_\_\_\_\_

\_\_\_\_\_

Time schedule for administration of medication or incidental medical service to be provided:

\_\_\_\_\_

Description of child's medical condition requiring medication(s) (ie. Allergy, Asthma, Diabetes, etc.)

Symptoms that indicate the administration of medication(s) is necessary (ie. wheezing, hives, swelling in face, etc.)

Indicate what will happen if the administered medication is successful (ie. wheezing stops, hives disappear, swelling in face disappears, etc.)

What is the recommended action if the treatment is not successful (ie. additional medications, transport to hospital, etc.)

List possible side effects from administration of medication and if treatment for an observed side effect is necessary

\_\_\_\_\_ I certify that non-medical staff trained by the parent/guardian, with the following instructions, can administer the above mentioned medication(s) and/or incidental medical services. The detailed instructions are as follows:

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_