Okinawa Christian School International

Student Health Services Authorization for Dispensing Medicine Form

Please view and print in Chrome. Please download as a PDF. Type or print clearly in ink.
ChromeでPDFとしてダウンロードし、印刷した書類に読みやすいように記入してください。

Student's Name _____ **Date** _____
Teacher's Name _____ **Room #** _____

Part I: To be completed by parent/guardian

We, the parents of _____, give permission for OCSI staff/personnel to administer medication to our child according to the written instructions provided.

By this request, we understand that the authorized personnel are acting as agents on our behalf and for this purpose only. Furthermore, this letter serves as written assurance to the authorized staff/personnel administering the medication that they will not be held responsible for any harm or injury suffered as a result of administering the medication in accordance with the instructions of our child's physician.

The medication(s) are as follows:

Medication(s)	Instructions	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Purpose of medication: _____

Anticipated number of days the medication(s) must be given at school ( ).

All over-the-counter medications must be presented to the school in the original packaging with manufacturer's printed instructions. Without the manufacturer's printed instructions, OCSI reserves the right not to allow the student to take the medication.

_____ _____ / _____ / _____
Parent's/Guardian's Name (Please print) Date (mm/dd/yy)

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Part II: To be completed by physician (if medication is to be administered frequently)

Diagnosis: _____

_____

(Medication) (Dosage) (Route of administration) (Time/Frequency)

Duration of treatment: _____

Possible side effects and adverse reaction: _____

_____

Other recommendations: _____

_____

_____ _____ _____
Physician's Name (please print) Phone Number Fax Number

_____ _____ / _____ / _____
Physician's Signature Date (mm/dd/yy)