



# **WHITINSVILLE CHRISTIAN SCHOOL**

LANCE B ENGBERS, MA  
Headmaster

## **LONG TERM MEDICATION ORDER**

It is expected that all students on medication will take their required dosage at home before or after school hours, consistent with their doctor's instructions, whenever possible. In cases where it is necessary for a student to take medication during school hours, the following procedures will be in effect:

1. **All students** requiring such medication, **must come to the clinic** for the prescribed medication to be given.
2. **All medication** dispensed by the school nurse shall be kept in a **pharmacy labeled container** (extra containers are available from most pharmacies at no cost).
3. **All medication** shall be brought to the school **by an adult**.
4. **All medication** dispensed by the school nurse **shall be ordered in writing by a physician**, using the form below.

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Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_

Diagnosis \_\_\_\_\_ Date \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_

Duration of time to be given \_\_\_\_\_

Reportable side effects \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

Other medications being taken by student \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

I, the undersigned parent/guardian, hereby request the school nurse to administer the above medication in accordance with the physician's instructions. At times, the office staff may administer the above medication - in accordance with the same orders - if a school nurse is not available. I understand that WCS personnel are not responsible for any problems arising from the administration of this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

TRAIN A CHILD IN THE WAY HE SHOULD GO. (PROVERBS 22:6)