



First Baptist Christian Academy
1447 S. 7th St.
Sierra Vista, AZ 85635
520-458-2983

MEDICATION POLICY

If a student requires medication during the school day, the following criteria must be met:

1. All medication (prescription or non-prescription) must be accompanied by written instruction from the Medical Doctor, Doctor of Osteopathy, Dentist, Physician Assistant, or Nurse Practitioner. The pharmacy label can fulfill this written requirement for prescription drugs only.
2. The request for administration of prescription or non-prescription medication must be accompanied by parent/guardian written authorization. This permission form may be obtained at the First Aid Specialist Office.
3. All prescription medication is to be in its original labeled pharmacy container. Medication must be accompanied by a health professional's written request for administration, which includes:
 - a. Name of student
 - b. Name of medication
 - c. Name of qualified healthcare professional
 - d. Dosage and route of administration
 - e. Dated
 - f. Time or indication of administration
4. Students are generally not permitted to carry medication while at school. Exceptions are inhaler medications or medications for life-threatening conditions such as Epi-pens, provided the necessary requirements are met.
5. Students are permitted to carry asthma inhaler medication in school if the following criteria are met:
 - a. A written statement from the physician that provides the name of the drug, dose, times when the medication is to be taken, and the reason the medicine is to be taken.
 - b. The health care provider shall indicate via written statement that the child is qualified and able to self-administer the medication.
 - c. A school parental permission form for inhalers and/or Epi-pens is completed. Parents and students must sign the waiver on the permission form, relieving the school and its personnel of any responsibility for the benefits or consequences of the medication and that the school bears no responsibility for ensuring that the medication is taken. This permission form may be obtained at the First Aid Specialist office.
 - d. The school reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking this medication
6. The First Aid Specialist may use Bandages, Antibiotic Ointment, Antiseptic Wipes or Washes, Petroleum Jelly, Caladryl Lotion, Anti-itch Cream, Hydrogen Peroxide, Dry Skin Lotion, or Soothing Eye Wash as needed for your child in the event of a minor injury. If you would like to opt out of these items for your child, please submit a note in writing to the First Aid Specialist.



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PERMISSION FORM ADMINISTERING PRESCRIPTION MEDICATION AT SCHOOL

Note: This form is valid for the 2025-2026 school year.

Student Full Name: _____ DOB: _____

Allergies: _____ Weight: _____ lbs

Medication must be delivered to school in the original container with the label intact and includes the student name. The medication is to be given in the following manner:

Name of Medication: _____

Strength of Medication: _____

Amount to be given: _____

Time of Administration at School: _____

Route of Administration (by mouth, etc.): _____

Instructions and/or Comments: _____

Reason for Medication: _____

Date Medication is to be discontinued: _____

Pharmacy and Prescription Number: _____ Expiration Date: _____

☐ Refer to Pharmacy Prepared Label on Medication vial for Healthcare Provider signature, or see below:

Healthcare Provider Name (Print)

Phone

Healthcare Provider Signature

Date

I hereby request and give my consent for the First Aid Specialist or other school personnel designated by the Principal to administer the medication indicated above. I give the First Aid Specialist permission to discuss my child's medication with the above named Physician. I understand it is my responsibility to provide the medication, and that it be presented to the school by an adult. I understand that it is my responsibility to notify the school immediately if there are any changes in medication, and that a new form must be completed. The school shall not be held responsible for missed or refused doses or side effects caused by the medication. In return for the school's assistance in administering the medication, I hereby waive any claim for injury against the school, or it's employees, arising from the medication administration. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

Parent/Guardian Name (Print)

Date

Parent/Guardian Signature