



# Pioneer Christian Schools of Southern California

## *Orange County Christian School*

641 S. Western Avenue

Anaheim CA, 92804

Phone (714) 821-6227 Fax (714) 952-8823

occs@occs.org

---

### **Request for Medication Administration**

(To be completed by parent or guardian)

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

Address \_\_\_\_\_ Phone \_\_\_\_\_

School Orange County Christian School Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Daytime phone \_\_\_\_\_

Emergency contact information \_\_\_\_\_

Medication to be administered \_\_\_\_\_

Dosage to be administered \_\_\_\_\_

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

\_\_\_\_\_

Name of physician authorizing administration \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Date to begin administration \_\_\_\_\_

Date to cease administration \_\_\_\_\_

I request that Orange County Christian School administer the above medication to my child in accordance with my request and the physician's statement of need. I agree to notify Orange County Christian 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 the form. I understand that it is my responsibility to send an appropriate supply of medication to school in its original container. Medication provided to Orange County Christian School in any container other than the original will not be accepted. I understand that Orange County Christian School will have limited liability while administering medication to my child in accordance with a physician's statement of need. Orange County Christian School agrees to keep a written log of medication administered to my child in school throughout the current school year.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date