All Medication

will need a completed form including a physician's signature.

BRICE CHRISTIAN ACADEMY
3160 Brice Road, PO Box 370, Brice, OH 43109
Main Office 614-866-6789 / Fax 614-861-4217

Drug Administration Form

Student Name _____
Home Phone _____ Grade_____
Address _____
Physician Name _____
Physician Office Phone _____

Physician Request

The above student is under my care and should receive
the following medication during school hours.

Name of Drug _____
Reason for Medication _____
Dosage _____ Approximate Time to Administer _____
Check the way the drug should be given: by mouth____ under tongue____ other_____
Start Date_____ Discontinue Date _____
Check if for emergencies events only: _____

Parent / Guardian Signature _____
Physician Signature _____

I have reviewed a copy of this form and understand the information on it. I understand that I am authorized by the Principal / Administrator to administer the above medication to the student listed above.

Principal: Mrs Cover
Student Health Provider: Received on _____

Last update on November 17, 2023