



Trinity Christian Academy  
 10 Windy City Road, Jackson, TN 38305  
 Attention: Erin Rager, School Nurse  
 Phone: 731.668.8500 ext. 116 FAX: 731.668.3232

**REQUEST AUTHORIZATION FOR ADMINISTRATION  
 OF MEDICATION BY SCHOOL PERSONNEL**

The Tennessee State Law requires physician/dentist/APRN/PA's written order and the parent and/or guardian's authorization for a nurse to administer medications or, in his/her absence, the principal and/or designated staff to administer medications. Medications must be in pharmacy-prepared containers and labeled with the name of the student, name of the drug, strength, dosage, frequency, name of physician/dentist/APRN/PA's, and date of original prescription.

**PHYSICIAN/DENTIST/APP ORDER**

Name of student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Condition for which the drug is needed to be administered during school hours \_\_\_\_\_

Drug (name, dose, and method of administration) \_\_\_\_\_

Time of administration \_\_\_\_\_

Medication shall be administered from \_\_\_\_\_ to \_\_\_\_\_

Relevant side effects to be observed and management plan: \_\_\_\_\_

**(Signature)** \_\_\_\_\_ **M.D.**

**To School Personnel:**

I request that the above medication, ordered by the physician/dentist/APRN/PA for my child, \_\_\_\_\_, be administered by school personnel. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than a 45 school day supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_