

# CHAMPION CHRISTIAN SCHOOL



*A program of the Christian Family & Children's Center*

2166 Indian Head Road, Champion, PA 15622

North Campus (724)-593-9200 FAX 724-593-9210

South Campus (724)-455-2122 FAX 724-455-6651

[www.champion.org/ccs](http://www.champion.org/ccs)

email: [info@champion.org](mailto:info@champion.org)

## LONG TERM AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

TO: \_\_\_\_\_  
(Name of Teacher)

\_\_\_\_\_ must receive the following prescribed medication  
(Name of Student)

during school hours in order to maintain sufficient health to participate in the school program.

Name of Medication: \_\_\_\_\_

Prescribed Dosage: \_\_\_\_\_

Time Schedule: \_\_\_\_\_

Length of Time: \_\_\_\_\_ Days \_\_\_\_\_ Months

\_\_\_\_\_ Indefinitely

Diagnosis: \_\_\_\_\_

Reason for Administration: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

I do hereby release, discharge, and hold harmless Champion Christian School, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child should there develop a reaction from the medication.

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Physician) (Date)

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)