

HORIZON CHRISTIAN ACADEMY
2010 -2011
CONSENT TO ADMINISTER MEDICATION AT SCHOOL

In order for school personnel to administer prescribed or over-the-counter medications such as Tylenol to a student, the following information must be on file and contain the written consent of the parent or guardian. No medication will be given by school personnel without the written consent of a parent or guardian.

Student Name _____

Date of Birth _____ Grade _____

Address _____

Daytime Phone _____ Emergency Phone _____

I wish to be contacted BEFORE ANY MEDICATION IS ADMINISTERED TO MY CHILD

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Please select and complete info for medications approved to administer to your child.

Medication	Liquid / Tablet	Dosage	Frequency	Parent Initial	
Tylenol					
Motrin/Ibuprofen					
Pepto Bismol/Tums					
Benadryl					
Sudafed PE(Nasal decongestant, sinus)					
Robitussin/cough drops/throat spray (cough med)					
Topical Creams (poison ivy, anti-itch, etc.)					

Under NO CIRCUMSTANCES should my child receive the following medications _____

Special Instructions and/or conditions we should be aware of. Ex inhaler, heart disease, EpiPen, etc.

Special instructions/storage for Medication _____

Possible side effects and action to be taken if they occur _____

Physician / Health Care Provider _____ Phone _____

- Prescription medication - must be in a clearly marked container from a pharmacist. The label must show the student's name, the dosage directions, the physician / health care provider's name and the prescription number.
- Over-the-counter medication - must be in the original container labeled with the student's name and dosage directions.
- No student is permitted to carry or self-administer his or her own medication at school. Medication(s), including prescription and over-the-counter, must be delivered to the office at the start of the school day.
- Students must arrive at the front desk in a timely fashion to receive their medication.
- The parent/guardian has the sole responsibility for ensuring that prescriptions are filled or re-filled as needed.
- This form is valid for the current school year (2010/2011) beginning with the first day of school in August.

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Headmaster of Horizon Christian Academy, or his/her designee to administer the prescribed medication.

Signature of Parent / Guardian _____ Date _____