



## HORIZON CHRISTIAN ACADEMY 2009 -2010 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**

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

Medication	Liquid /	Dosage	Frequency	Parent Initial	
	Tablet				
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 (2009/2010) 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 Managing Director, Director of Horizon Christian Academy, or his/her designee to administer the prescribed medication.

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