



MEDICATION FORM

2017 - 2018

Student's Name: _____ Grade: _____

Allergies: _____

3 mo. olds through Kindergarten students are not given over-the-counter medicine.

I hereby instruct and authorize Ascension Episcopal School staff to administer the following checked medication(s) to my child while on campus and/or during school-sponsored activities off campus. Check all that may be given and sign (1st -5th grade only). The following school-stocked medication is given as directed for their age:

- Benadryl Liquid for severe allergic reaction
Antibiotic Ointment for minor cuts/ scrapes
Anti-itch lotion (Calamine) for mosquito or ant bites

Prescription Medication

Medication Name: _____ Dose: _____

Route: _____ Frequency: _____ Start Date: _____ Discontinue Date: _____

Diagnosis: _____

Physician's Name (print) _____ Signature _____ Date _____

Prescription Medication

Medication Name: _____ Dose: _____

Route: _____ Frequency: _____ Start Date: _____ Discontinue Date: _____

Diagnosis: _____

Physician's Name (print) _____ Signature _____ Date _____

Parental Consent to Administer Drugs/Release of Liability Medication Policy

- All medication must be kept in the school clinic.
No medication will be dispensed without a signed Medication Form.
Prescribed medication must be prescribed by a physician licensed to practice medicine in the State of Texas.
All medication must be appropriately labeled in the original container by the pharmacy or physician; no Ziploc bags.
Inhalers and EpiPens must be kept in the school infirmary.
Stamped signatures will not be accepted.

I/We, the undersigned parent(s) of my child, hereby instruct and expressly authorize Ascension Episcopal School, its employees, agents, representatives and contractors to administer the described drugs listed on this page to such child according to the dosage designated.

Each of the undersigned also expressly RELEASES, INDEMNIFIES and HOLDS Ascension Episcopal School, its employees, agents and representative HARMLESS of and from all liability, claims, demands, expenses, attorney fees and other costs incurred which arise or are incurred in connection with the administration of the drugs described. This authorization may not be revoked or amended without written notice of such change actually delivered to an officer of Ascension Episcopal School.

I/We also give permission for the information on this form to be shared with school personnel on a need-to-know basis in order to provide appropriate services to my child. I agree to notify the school of any changes in my child's health status. In the event of an emergency, I give permission for treatment of my child by school personnel or a physician. The school will notify the parents as soon as possible.

Parent or Guardian Signature _____ Date _____