

Downtown
713-520-6801
 Clear Lake
281-488-7599



Silverlake
281-412-5763
 Pearland
281-485-3567

ADMINISTRATION OF MEDICATION

Student's Name: _____ Date: ___/___/___
Date of Birth: _____ Date: ___/___/___

Please note: Parents must provide all medication (Tylenol, Tums, Advil, and Motrin) and dispenser for each student. State law dose not allow school STORE /STOCK medications.

HEALTH INFORMATION / MEDICATION

ALLERGIES: _____

Medications: _____ Dosage: _____

Instructions: _____

MEDICAL CONDITION: _____

Current Medications: _____ Dosage: _____

Instructions: _____

Parents: Please bring all prescription medications in their original containers with written instructions from the pharmacy. Any change in dosage of frequency requires a new form with written parental permission and doctor's instructions.

_____ I agree to hold the school harmless for the proper administration of medications provided by the parent/guardian and for adverse drug reaction or side effects. I am aware that lay persons administer medication.

_____ I agree if there is ever an emergency and I can not be reached, I give the school management permission to take my child to the hospital/doctor.

_____ I give permission to give fever reducer (Children's Tylenol) to my child with high fever. I understand a Doctor's permission is needed for 2 yrs & younger with dosage.

_____ I agree to provide all medication for my child.

_____ I agree to notify and educate school personnel of any condition my child has which would require extraordinary knowledge and measures (food and drug allergies, asthma, diabetes, seizure disorder, etc.)

_____ I agree to not allow my child to keep medications with him/her: ALL medications are to be handed to administrative personnel by the parent.

_____ I am aware that 911 will be called to take care of my child if the condition is considered emergency by school personnel.

Parent/Guardian Signature: _____ Date: ___/___/___