

Non-prescription medication required by a scholar should be administered at home by a parent whenever possible. Parents should use every effort to have medication administration set for time periods other than the IGNITE! Summer Intensives program to avoid disruption of the day. However, it may be necessary for a participant to receive medication during IGNITE! Summer Intensives in some instances. When home administration is not possible, authorized E.A Young Academy staff may assist in the administration of medications to participants.

A Medication Administration form must be completed should your child need to have prescription or non-prescription medication administered during IGNITE! Summer Intensives operating hours. Please note, all prescription medications must be in their pharmacy container and labeled for your child. Many pharmacies will provide an extra bottle/container for outside of the home use. Please note all non-prescription medication must be provided by parents in the original bottle with name, dosing information, date and parent signature. Recommended dosing will not be exceeded without a written note from your child's physician.

The E.A. Young Academy does not administer non-prescription medications “as needed”, even with a phoned in or emailed request from the parent without a completed Medication Administration form on file. If an inhaler or EpiPen is needed, an “Action Plan” form must be completed and on file in the office.

PARENT GUARDIAN CONSENT TO ADMINISTER NON-PRESCRIPTION MEDICATION AT IGNITE SUMMER INTENSIVES

Please complete one for each medication.

STUDENT NAME _____ DATE OF BIRTH _____

MEDICATION _____ DOSAGE _____ TIME TO BE TAKEN _____

DATES TO BE TAKEN _____ FORM: Tablet Liquid Inhalant Topical Other: _____

Condition/Circumstance for which medication is to be taken _____

Medication _____ Strength of Individual Dose (Tablet, Liquid etc.) _____

Student Dosage In-take _____ Day and Time to Administer _____

- I hereby grant permission for my daughter/son to take medication at school, as ordered, and authorize academy personnel to contact my child's physician if necessary.
- I agree to provide E.A. Young Academy with the medication in its original, properly-labeled container.
- I agree to notify E.A. Young Academy in writing at the termination of this request or when any change in medication is necessary.
- I agree to release E.A. Young Academy from any and all liability claims arising from the administering of this medication at school.

PRINTED PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____