

NON-PRESCRIPTION MEDICATION ADMINISTRATION

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 school hours to avoid disruption of the scholar's academic day. However, it may be necessary for a scholar to receive medication during school hours in some instances. When home administration is not possible, authorized E.A Young Academy staff may assist in the administration of medications to scholars during school hours

This form must be completed should your scholar need to non-prescription medication administered during the academic day. Please note, all non-prescription medications must be in their original container and labeled for your child. All medications must be checked in, secured, stored and logged in at the office.

The Academy does not administer non-prescription medications "as needed", even with a phoned in or emailed request from the parent without this completed form on file. Requests for the administration of medications by academy personnel are made as follows:

1. A medication check-in form is to be completed for all medications administered at school.
2. All medication must be in the original, properly labeled container accompanied by this completed form (Texas Education Code 21:914).

PARENT GUARDIAN CONSENT TO ADMINISTER NON-PRESCRIPTION MEDICATION AT SCHOOL

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 the school with the medication in its original, properly-labeled container.
- I agree to notify the school 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 _____

