



**PHYSICIAN ORDER FOR PRESCRIPTION MEDICATION AT IGNITE SUMMER INTENSIVES**

Please complete one for each medication. Physician must sign.

You may send scanned form to [info@eayoungacademy.com](mailto:info@eayoungacademy.com)

Prescription medication required by a participant should be administered at home by a parent or by the participant's medical provider whenever possible. Parents should use every effort to have medication administration set for time periods other than school hours to avoid disruption of the participant's academic day. However, it may be necessary for a participant 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 participants during school hours.

Requests for the administration of medications by academy personnel are made as follows:

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

PARTICIPANT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_ TIME TO BE TAKEN \_\_\_\_\_

DATES TO BE TAKEN \_\_\_\_\_  AS NEEDED

FORM:  Tablet  Capsule  Liquid  Inhalant  Topical  Other: \_\_\_\_\_

CONDITION/CIRCUMSTANCES FOR MEDICATION \_\_\_\_\_

MEDICATION ALLERGIES \_\_\_\_\_

PRESCRIBER NAME \_\_\_\_\_ PRESCRIBER OFFICE TEL. \_\_\_\_\_

PRESCRIBER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PARENT/GUARDIAN CONSENT TO ADMINISTER PRESCRIPTION MEDICATION**

Please complete one for each medication.

- I hereby grant permission for my participant 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, 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 \_\_\_\_\_