

# Medication Permission and Instruction

If it is necessary for your child to take medication during school hours, (prescription or non-prescription), this form must be filled out each year and returned to the school office before school starts.

## *Non-Prescription Medication*

- All medication must be supplied by the parents.
- The medication must be in the original manufacturer's packaging with name of medicine, ingredients, and recommended dosage clearly visible.
- Please place in Ziploc bag and label package with student name.
- Parent is responsible to pick up medication each week. Enrichment Academy cannot store medication.

Please complete the form below:

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medication(s) Dosage

\_\_\_\_\_  
\_\_\_\_\_

**Reason:** headache, pain, sore throat, cough, eyes, other \_\_\_\_\_

*(please circle any or all that apply)*

**Time given:** as needed, other: \_\_\_\_\_ **Frequency:** as needed, other \_\_\_\_\_

*(please circle any or all that apply)*

**Duration:** school year, other: \_\_\_\_\_

*(please circle any or all that apply)*

*I hereby authorize the designated Enrichment Academy staff to supervise and / or dispense medication as noted above or outlined by the above directions. I further agree to hold the designated person(s) and Enrichment Academy, Inc., harmless in any and all claims arising from the administering of the medication at school.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## *Prescription Medication*

- A medication Prescribed by a physician.
- The medication must be in the original container with current pharmacy label. The label must include: students name, medication name, dosage, frequency, and physician's name.

If the medication needs to be taken at school and at home, please have your pharmacy provide you with a second container with the correct information on it. Parent is responsible to pick up medication each week. Enrichment Academy cannot store medication.

*I hereby authorize the designated Enrichment Academy staff to supervise and /or dispense medication as noted below or outlined by the below directions. I further agree to hold the designated person(s) and Enrichment Academy, Inc. harmless in any and all claims arising from the administering of the medication at school.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Physician – Please fill out this section*

Your consent and written instructions are required for this student to receive medication at school. The permission and instructions must be signed and provided each year.

Medication	Dosage/Time to be Given	Side Effects

**Comments:**

**Physician Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_