



MEDICATION CONSENT FORM
2008-2009

Texas Christian Academy assumes no responsibility for medical treatment of students. No medication will be administered without written authorization from the parent/guardian.

This medication permission form is specifically for over-the-counter medications for students who have **occasional** headaches, cramps, minor muscle aches, toothache, pain from braces, etc. Medication is administered during the school day to enable all children to remain in school, to maintain or improve health status and to improve the potential for education so that students are able to remain in school and avoid unnecessary absence

When a student requests these medications, they will be asked a few questions regarding their complaint. If the medication is deemed necessary, the medication will be given only if the signed permission form is present. Texas Christian Academy retains the right to deny these medications to a student due to the frequency of use or an invalid complaint.

I hereby request that the person designated by Texas Christian Academy is to administer the following non-prescription medication.

Student's Name: _____ Grade: _____

Circle the following medications and dosages that you would like dispensed to your child and complete the chart.

Medication	Strength	Dose	Frequency/Time	Diagnosis/Indication
Tylenol (age over 12 only)	500 mg			
Tylenol.	Jr. Meltaways-160mg			
Tylenol	Children's-80mg			
Advil	200 mg			

NOTE: ADDITIONAL FORMS REQUIRED FOR DIABETICS, FOOD ALLERGIES, ASTHMATICS, EPILEPTICS OR ANY OTHER DISEASE/ILLNESS.

My child has not experienced any side effects from the selected medication. I agree to allow qualified personnel to dispense the selected medication to my child if it is determined necessary. I understand that I will be notified if my child's condition worsens.

By signing this consent form, I will not hold liable Texas Christian Academy or any employee for any adverse reactions from any of these medications.

Date

Parent/Guardian

PARENT/GUARDIAN MEDICATION CONSENT FORM
WITH PHYSICIAN'S ORDER FOR ADMINISTRATION

Student _____ Date _____

School _____ Grade _____ DOB _____

Physician _____ Hospital/Clinic _____

PHYSICIAN: In order for school personnel to administer the medication regime you have prescribed, please complete the following form:

Please feel free to contact the school at 254-772-5474 should any questions arise.

Name and Dose of Medication	Form: Tablet, Capsule, Pill, Other	Number to be taken	Approximate time of day	Term Short/Long

Name of Medication and Side Effects:

Please indicate if medication above is PRN medication:

Conditions under which PRN medication should be given are:

Physician Signature: _____ Date: _____

PARENT/GUARDIAN: (Please fill out this portion of the form, after your child's physician has completed the top and return this form to the school office.)

- I hereby give my permission to school personnel designated by the school to give medication to my child according to the written instructions of the physician as shown above.
- I also hereby agree to give my permission to the school designee to contact the child's physician.
- I further agree to hold Texas Christian Academy and all employees harmless in any and all claims arising from the administration of this medication at school.
- I agree to notify the school in writing at the termination of this request or when any change in the above is necessary. **(PLEASE NOTE ANY MEDICATION BROUGHT TO SCHOOL SHOULD BE IN DUPLICATE LABELED PHARMACY CONTAINER.)**

Parent/Guardian

Date