

SCHOOL YEAR: _____

PERMISSION TO ADMINISTER MEDICATION

NAME OF CHILD: _____ DATE OF BIRTH _____ AGE _____

I hereby give my permission to the staff at Kentwood Preparatory School to dispense medication prescribed for my child at school,

	NAME OF PRESCRIBED MEDICATION GIVEN AT SCHOOL	DOSAGE	WRITE TIME TO BE GIVEN
1			Time: _____
2			Time: _____
3			Time: _____

IMPORTANT: PLEASE ENCLOSE A COPY OF THE PRESCRIPTION OR PHARMACY RECEIPTS

The prescription medication **MUST** be given to Kentwood in the plastic packages that Kentwood will provide the parents with (upon receipt of this form and on a monthly basis thereafter). Each package must state the name of the child, the name of the medication(s), the dosage(s), and the date packaged.

Please indicate side effects if any _____

In the unlikely event of medication not being administered on time, please advise on the procedure to be followed.

	NAME OF MEDICATION GIVEN AT HOME	DOSAGE	WRITE APPROX TIME TAKEN
1			Time _____
2			Time _____
3			Time _____
4			Time _____

I understand that no medication changes will be made unless Kentwood receives written authorization from the physician. Written authorization from the parents for decreases or termination of medication will be acceptable, but Kentwood reserves the right to confirm this with the physician.

Signature of parent / guardian

Date

Special Health Concern/s: _____

What are the symptoms? _____

What should be done? _____

Allergies to foods? _____

SUPPLEMENTAL MEDICATION PERMISSION

I give Kentwood School permission to administer the following medications to my child while at school. Please check Yes or No for each choice.

- | | | |
|--|------------------------------|-----------------------------|
| Acetaminophen (i.e. Tylenol) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ibuprofen (i.e. Advil) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Antacids (i.e. Tums/Pepto Bismol) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Lozenges (cough and/or throat) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ANY OTHER PERTINENT INFORMATION MAY BE RECORDED HEREUNDER

I agree to leave additional (extra) medications for my child with the front office, even if medications are administered at home. In the event my child does not take his/her medication, the school will then be given permission to administer the medication from the extras. It is my responsibility to keep track of the extra medications on hand, and to restock as necessary. In the event extra medications run out and my child needs said medications, I agree to immediately pick up my child or to bring in a new set of medications within one hour of notification by school personnel.

I understand the dangers of making unilateral decisions regarding medications for my child. Failure to notify Kentwood of changes, increases, decreases, adjustments or terminations of medications (even for trial periods) may result in termination of my child's attendance. I also understand that any time I make a modification to my child's medication, I am obligated to complete a new "permission to administer medication" form.

Signature of parent / guardian
Rev. 6/26/14

Date