

Mary McDowell Friends School

Medication Information & Consent Form

2010-2011 Academic Year

For the Center's general information, it is important to know all the medications that your child is taking, and whether or not we are to administer medications to your child in school.

******This form must be signed by the physician and returned even if your child is not taking any medication.******

For your child's safety, a new form must be completed every time you change medication or modify the dosage. Please notify the school office if you require an additional form.

Name of child _____ Age _____

SPECIAL NOTE FROM PARENTS

In the case that my child shows signs of any allergic reaction,
() I give the Center permission to administer to liquid Children's Benadryl or an EPIPEN as prescribed by a physician.
() I do **not** give the Center permission to administer liquid Children's Benadryl or an EPIPEN as prescribed by a physician.
*****PLEASE CHECK ONE OF THE ABOVE BOXES*****
() I give the Center permission to administer Tylenol
() I give the Center permission to administer Advil

Parent's Signature _____

Physician's Signature _____ Date: _____

_____ My child is not taking any medication.

_____ MY CHILD IS TAKING THE FOLLOWING MEDICATION(S) AT HOME:

Name of medication _____ dose _____ time _____

The Center has permission to administer this medication on an overnight trip.

_____ MMCL has my permission to administer these medications in case of crisis

_____ PLEASE ADMINISTER THE FOLLOWING MEDICATION(S) TO MY CHILD AT SCHOOL AS STATED IN HIS/HER PHYSICIAN'S INSTRUCTIONS BELOW:

PHYSICIAN'S INSTRUCTIONS: FOR MEDICATION ADMINISTERED DURING SCHOOL HOURS:

Name of medication _____

Dosage _____

Time of administration _____

Side effects to watch for in the classroom: _____

Emergency procedures: _____

Indications not to administer medication: _____

Physician's name Telephone # _____

Address _____

We will try to administer medication to your child during school hours, but only as directed by the attending physician. We require your permission and detailed instructions from the attending physician as well as the physician's signature. We also require the advice of the attending physician as to any possible side effects, indications that the medication should not be given, and what would be the proper procedure should there be an emergency related to the medication.