

Medication Information/Authorization Form

Student's Name: _____ Homeroom: _____

Parent(s) Name: _____ Home Phone: _____

Mom Cell: _____ Dad Cell: _____

Emergency Contacts: Name: _____ # _____

Name: _____ # _____

Medical Conditions: _____

Allergic to: Medications: _____

Food: _____

Other: _____

Any other information you would like to provide:

Medication Administration Authorization

I authorize administration of the listed medication with adult supervision while at Tremont. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of listed medication(s). I understand medication will be kept in the Tremont Health Room. Medication will be supplied to school nurse on the day before Tremont and packaged according to the following guidelines:

- Prescription medication
 - † In pharmacy-labeled container
 - † Exact number of tablets/capsules to be given during campout **ONLY**
- Over-the-Counter medication-**ONLY if taken routinely**
 - † In **original package**, clearly labeled with child's first and last name

Parent's Signature: _____ **Date:** _____

Please list the Medications your child will be bringing to Tremont on the back of this form.

DAILY MEDICATIONS

Medication	Time of Day	Dosage
1.		
2.		
3.		
4.		
5.		
6.		

EMERGENCY MEDICATIONS

1.		
2.		
3.		
4.		
5.		

TREMONT MEDICATION PROCEDURE FOR PARENTS

1. Authorization forms and medicine will be due to school nurse, Mrs. Draper, on Monday September 5th.
2. **An adult must bring medication to Mrs. Draper.**
3. See page 1 for packaging instructions.
4. School nurse will review authorization form for appropriate blanks completed and signed and medication packaging, etc. when parent brings medicine.
5. Parents will pick up any leftover medication when picking up their child at Cherokee Bend when the buses return. Any leftover medication bottles or boxes will be destroyed.

*****To Be Completed By Medication Assistant*****

Medication	Dosage	Day 1	Day 2	Day 3	Day 4	Day 5

Initial _____ Signature _____ Initial _____ Signature _____

Initial _____ Signature _____ Initial _____ Signature _____