the museum school
OF AVONDALE ESTATES

Are these Rx medications required in the event of an emergency evacuation?
Yes___ No___

AUTHORIZATION TO GIVE Rx MEDICATION

If medication can be given at home before or after school hours, please do so. If medication must be given during school hours, this form must be completed and filed with the front office.

STUDENT'S NAME:_____

GRADE LEVEL

_____ I do not authorize my child to receive any medication from The Museum School.
_____ I do authorize my child to receive any medication from The Museum School.
I understant that :

- Medications must be in the original labeled container. Pharmacists may provide two (2) labeled bottles for this purpose. Medications sent in an unlabeled container will not be given. If your child takes daily medication, please send an extra bottle to be used for field trips and after school program.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform the school of any medication changes. New medication or new doses will not be given unless a new form is completed.
- Medications must be brought to the office/clinic by the parent/guardian.

NAME OF MEDICATION:_____

DOSE:_____ ROUTE*:_____TIMES TO BE GIVEN:_____

DATE TO DISCONTINUE MEDICATION:_____

CONDITION/ILLNESS REQUIRING MEDICATION:_____

POSSIBLE SIDE EFFECTS, IF ANY:_____

Licensed Healthcare Provider:_____

Licensed Healthcare Provider's Phone:_____

I hereby release and discharge, and further agree to indemnify, hold harmless or reimburse Avondale Education Association d/b/a The Museum School of Avondale Estates, its employees, agents, representatives and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

_____ DATE:_____

Parent/Guardian Signature

Home Ph: _____Work Ph: _____ Cell Ph:_____

*ROUTE: The method by which medication is administered, such as by mouth, injection, inhaler, etc.

The Museum School

PARENT AUTHORIZATION FOR USE OF
NON-Rx MEDICATION AT SCHOOL
School Year 2017 to 2018

STUDENT _____ DATE OF BIRTH _____

SCHOOL _____ DATE _____

All non-prescription (over-the-counter) medication must be approved by the parent/guardian *and* the student's physician in order to be given at school. Listed below are some of the non-prescription medications that might be needed during the school year.

		Dosage (please complete)
Allergic Reaction	Benadryl Syrup	_____
Fever/Pain	Tylenol Syrup	_____
Fever/Pain	Ibuprofen	_____
Skin Abrasions	Polysporin Ointment	_____
Dry skin/lips	Vaseline	_____
Diaper rash	Desitin	_____

If you would like to delete any of these non-prescription medications, please do so by typing (none) next to that medication. List any additional non-prescription medications, with dosage, below and send medication to school with an adult.

_____

_____

_____

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Any medication remaining at the end of the school year, Rx or not, will be disposed of by the school in accordance with state regulations.

I release the school board, the school, and any school employee from any liability for administering this medication. **Parents must supply all non-prescription medications**. Medications will be given only if needed. An attempt will be made to notify the parent before an over-the-counter medication is given.

_____ _____

Parent Signature **Date**