The Academy for Classical Education

MEDICAL AUTHORIZATION AND RELEASE

Student's Name:____ **DOB:** ___________________________

Grade: ______________ **Teacher**:_________________________________ **Lunch time:** _______________________

Is this student allergic to any medicine? ______No ______ Yes If yes, please list:_________________________________

All medication sent to school must be in the original prescription container that is properly labeled with the student's name, current dosage and schedule. Medications should be delivered to the school by an adult, not sent with the student.

Prescription Authorization and Release

*****Medical Diagnosis:***____

*Name of **Prescription** Medicine* *Dosage or Amount* *Time*

____

____

If this student requires an inhaler for asthma or an Epi-pen for allergies, does he/she need to keep the inhaler or Epi-pen with him/her in the class at all times. Has he/she been trained to use it appropriately as needed?

_____No ____ Yes ***Name of Medication***: ____

_________________________________ _________________________________

Print Primary Physician's Name Physician's Phone Number

Non-Prescription Authorization and Release

*Name of **Non-Prescription** Medicine* *Dose or Amount* *Time*

____

____

I hereby authorize the personnel, employees and officials of the Academy for Classical Education to assist my child in taking medication according to Board of Education policy. I release the school board, the school and any school employee from any liability for administering this medication as instructed above. I understand that in the event of a change in the medicine, the dose or the time, I am responsible for presenting a new request form.

I also authorize the prescribing physician named above to discuss with the principal or his/her designated staff member, any matter regarding the medication to be administered.

Parent/Legal Guardian Signature: ____ Date: ____________________

Print Parent/Legal Guardian Name: _________________________________Email: ____________________________

Home Phone: ______________________ Work Phone:______________________ Cell:_____________________