



Phone: 817-283-1771 Fax: 817-684-0892

www.treetops.org

For Office Use Only

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Year: \_\_\_\_\_

### Medication Permission

**Only fill out this form if your child is required to take a medication while at school.**

The dispensation of medication will be permitted when the student's health or continuing attendance so requires. Medication is administered in accordance with the following policy, excluding medicated treatments such as nebulizers or wound dressing changes, which will be the responsibility of the parent/guardian.

Action steps:

1. A medication authorization form must be completed by the parent/guardian for the duration of the prescription.
2. Epi-pens and inhalers are to stay with the student at all times and labeled with the child's name, date of prescription or date of expiration if over the counter, directions, and physician's name and phone number.
3. Medication will be maintained and secured in a locked box in the care of the medication coordinator. Non-prescription emergency use medication (for stings, headaches, etc.) may be stored with a medical authorization form stating the specific condition and dosage for which the medicine is to be dispensed.

Treetops School International disclaims any and all responsibility for the diagnosis and treatment of the illness of any student as well as evaluation of the effectiveness of medication in dispenses under the policy.

<b>Student Name:</b>			
<b>Medication Name</b>	<b>Dosage</b>	<b>Time Dispensed</b>	<b>Duration</b>
			From / / to / /
			From / / to / /
			From / / to / /
<b>Physician's Name</b>		<b>Physician's Phone Number</b>	

I have read the school policy for the administration of medication and give my permission for the medications listed above to be administered while my child is at school.

Parent/Guardian Signature

Date



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Year:	_____

**Medical Information**

**Treetops does not have a nurse on campus.** The information in these documents are needed as a permanent school record and will be used by school personnel. This is to certify that the information is correct. I, the undersigned, do hereby authorize officials of this school to contact directly the person named on this form, and do authorize any public physician to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event the physician, other persons named on this form, or parents cannot be contacted, the school officials are hereby authorized to take whatever action is necessary in their judgment, for the health of the aforesaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child. As the parent/guardian of the child named below, I hereby authorize Treetops School International to call for medical care and assistance in the event of injury, accident, or emergency illness involving my child. It is my intention that this statement serves as authorization for such medical care to be administered

<b>Student Name:</b>			
<b>Medication Name</b>	<b>Dosage</b>	<b>Allergies</b>	<b>Special Needs</b>
<b>Physician's Name</b>		<b>Physician's Phone Number</b>	
		( )	

Parent/Guardian Signature

Date