



THE MONTGOMERY ACADEMY

Prescription Medication Authorization and Information Form

In order to assist your child with medication during school hours, this form must be completed and on file at the school.

Student Information

Student's Name: _____
(Last) (First) (Middle)

Grade: _____ Teacher: _____ School Year: _____

Any known allergies/reactions: _____

Prescriber Authorization

Name of Medication: _____ Reason for Taking: _____

Dosage: _____ Route: _____ Frequency/Time(s) to be given at school: _____

Date to Begin Medication: _____ Date to End Medication: _____

Special Instructions:

(Please Check)

Does this medication require refrigeration? Yes No

Is this medication a controlled substance? Yes No

Is self-medication permitted and recommended for this student? (inhalers, insulin and emergency medicines only) Yes No

If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by the student? Yes No

Possible side effects/contraindications/adverse reactions: _____

Treatment order in event of adverse reaction: (Attach additional sheet or use back of form if necessary) _____

Signature of Prescriber _____ Date _____ Phone _____ Fax _____

Parent Authorization and Release

I authorize such school personnel as may be designated by the Head of School or school director to assist my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I agree to notify the school if my child's condition changes. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

I acknowledge that the medication must be registered with the school director, his/her designee, or the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.

I hereby release The Montgomery Academy, its directors, officers, employees, and agents from any and all liability, of any nature and character, which may be alleged to arise out of or relating to assistance with the medication described above, provided such is in substantial conformity with the above instructions.

Signature of parent or guardian _____ Date _____

In case of emergency or problems, please notify me at: (H) _____ (W) _____ (Cell) _____

