



The Magellan International School
El Colegio Internacional Magallanes
麦哲伦国际学校

Administration of Medication

Student Name: _____ Grade: _____ Academic Year: _____

Please complete one form per student.

Administration of Medication Policy

Medication is defined as **any** lotion, cream, drop, solution or over the counter or medication prescribed by a medical professional that is given to your child during the school day.

Please initial by each statement

____ I understand that I must supply the school with the medication and any equipment/supplies needed to administer the medication and will notify the school of any changes involving the medication.

____ I understand that all prescription medications must be in the original, labeled container with:

- Name of medication with strength, dosage and directions
- Name of prescribing physician who is licensed in Texas
- Current date

____ I hereby authorize the medication described below to be administered by The Magellan International School's staff as directed by my child's physician.

____ I understand that the physician will be called if a question arises about my child's medication.

____ 911 will be called immediately in an emergency as outlined in the Emergency Medical Release form. Please note that the child's family will be financially responsible for emergency services.

By signing below I release The Magellan International School and its employees from all liability for reactions which my child may suffer from the administration of the medication described.

Parent/Guardian Signature

Date

Please complete the following:

Medication Name and Strength	Dosage	Time(s) to be Given at School	How it is Taken (mouth, eye, ear, nose, tube, on the skin, etc.)	Reason/ Medical Condition for which Medication is given	Additional Comments

Medication Start Date: _____ Medication Stop Date: _____

When was the first dose of this medication given for this illness/condition? _____

Parent/Guardian Printed Name

Date

Parent/Guardian Signature