

The Rock Academy

Medication Authorization and Emergency Contact Form

2021/2022 ACADEMIC SCHOOL YEAR

Parents or Guardians:

NO over the counter medications may be administered to a student by school personnel without a completed medication form. This form must be properly completed and returned to the school by the first day of school. Please note that you may bring in your own OTC medication to be dispensed to your child only. We do have Tylenol, Tums, Ibuprofen, Nasal Decongestant, Cough Drops, and Benadryl on hand. These will ONLY be dispensed to your child if you indicate this below:

Name of Student: _____

Grade: _____ Teacher: _____

Please indicate the OTC medication your child may take at school:

____ Tylenol ____ Tums ____ Ibuprofen ____ Sudafed ____ Cough Drops ____ Benadryl

Please indicate any other medicine that is necessary.

Medication: _____ Dosage: _____ Reason for medication: _____

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I hereby give permission for _____ (Student Name) to take the above mentioned medication(s) at school. I further understand that any school employee who administers this medication to my child in accordance with written instructions from the parent shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication(s).

Signature of parent: _____ Date: _____

Please provide the following information for the school nurse to maintain for his or her records.

Parent/Guardians Name & Phone Number (1): _____

Circle one: Mother Father Other

Parent/Guardians Name & Phone Number (2): _____

Circle one: Mother Father Other

Preferred Contact E-mail for Household: _____

Please provide 3 additional contact names in case of emergency.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Allergies: _____

Medical conditions: _____