



MEDICAL TREATMENT FORM

Submit one form for each student with the academy.

Student's Name: _____

Permission to Administer Medication

I give my permission for the school to administer Tylenol, Ibuprofen or Benadryl to my child.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Permission to Administer Prescribed Medication

I understand that in the case of my child needing the administering of prescription or any other medications needed during school hours that a note is required from parent/guardian giving proper school personnel permission and instructions on the administering of such medication and that all medications must be checked in and remain in the school office.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date

Permission to Share Information

I give permission to the school to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral diagnosis and treatment.

Printed Name of Parent/Guardian Signature of Parent/Guardian Date