



## **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 or Ibuprofen 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 purpose of referral diagnosis and treatment.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date