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**PHYSICIAN'S AND PARENT'S ORDER FOR ADMINISTRATION  
OF MEDICATION BY ACADEMY PERSONNEL**

Should a parent and physician determine that the administration of prescription or non-prescription medications during a child's school day be absolutely necessary, The Academy adheres to a strict medicine administration policy.

(Non prescription medications may include, but not limited to:  
Diaper rash ointments or powders, Children's Tylenol, decongestants.

Prescription medications are any prescribed by a physician.

**\*\*For Epipen administration**, please have the physician list the exact symptoms for which the Epipen is to be administered. Please note that after an Epipen administration, The Academy will administer the Epipen, and then will call and emergency ambulance, after which the parents will then be notified.)

**POLICY for Administration or Prescriptions and Non-Prescription Medications**

- Parent written permission
- Physician written prescription
- Prescription medication must be in pharmacy package with pharmacy label, clearly labeled with drug name, child's name, dose, date, etc.
- Non-prescription medication must be in original manufacturer packaging

Parents, please sign the bottom of the form and have your physician complete the top half of the form. The form may be faxed to The Academy or mailed.

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**PHYSICIAN'S ORDER for:** \_\_\_\_\_ **PRESCRIPTION OR NON-PRESCRIPTION MEDS**

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Address: \_\_\_\_\_

I have prescribed the medication below for \_\_\_\_\_ (Child's Name)

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time Medicine is to be administered: \_\_\_\_\_

Purpose or Condition for which said medicine is prescribed:

(\*\*If Epipen, please note the exact exhibited symptoms upon which to administer the Epipen. The parents understand an emergency ambulance will be called after administration of the Epipen.) \_\_\_\_\_

Date to begin medicine: \_\_\_\_\_ Date to end medicine: \_\_\_\_\_

Side effects, if any, to watch for: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_

**PARENTAL RELEASE FOR ADMINISTRATION OF PHYSICIAN ORDERED MEDICATION**

Parent's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

I request the above medication to be given to my child, \_\_\_\_\_, as above described by the physician. \*\*I understand that after administration of an Epipen, an emergency ambulance will be called, and then I will be contacted. I release and give up any and all claims and rights, which I have or may have against The Academy for Children, its officers, directors, and/or its employees from any liability in relation to the administration of the above medicine.

Signed (parent or guardian): \_\_\_\_\_ Today's Date: \_\_\_\_\_