

**Medication Form**

Authorization for Prescription and Non-Prescription Medication to be given during school  
(including afterschool programs & field trips)

NAME: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**ALL prescription and non-prescription medication to be administered at school, including afterschool programs and field trips, can only be given if this form is on file in our Health Office and signed by both the child's parent/guardian and physician.**

**Prescription Medication:**

Drug Name	Dose	Frequency	Side Effects

**Non-Prescription Medications:**

___ Acetaminophen	___ Ibuprofen	___ Antacids
___ Motion Sickness Medication	___ Hydrocortisone Cream	___ Cough Drops
___ Benadryl/Antihistamines	___ Other Health-Related Products	_____
_____	_____	_____

\_\_\_ I authorize the school nurse or other school employee, trained by the nurse to administer the above medication to my child during school hours or other times when my child is participating in a school related activity, according to the frequency and/or directions indicated for my child. I understand that The Village School, school nurse or other school employees shall incur no liability as a result of any injury arising from the administration of medication; that I will indemnify and hold harmless the school, the school nurse and other school employees against any claims arising from the administration to my child.

\_\_\_ NO prescription or non-prescription medications are to be administered to my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Physician's Stamp/Address \_\_\_\_\_

All medications MUST be in their original containers, marked with the child's name and brought to the Health Office by a parent/guardian for dispensing in school at the start of the school year; and for field trips at least one week prior to the field trips.