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MEDICATION INFORMATION FORM 2025-2026

This form must be completed for ALL STUDENTS yearly during enrollment/re-enrollment and as medications change throughout the year.

Please complete the applicable section of this form, sign as indicated and submit with your child's online enrollment/re-enrollment packet or to the school nurse with changes during the year.

Signatures of **all parents/guardians** are required on the form before submission.

Student's Name:

Date of Birth:

Section 1 - Complete if your child DOES NOT take any medication(s) before, during or after school.

My child is **NOT** taking any medication(s) before, during or after school.

Signature of Parent/Guardian

Date:

Signature of Parent/Guardian

Date:

If your child takes medication(s) at home or at school, complete Section 2 (pages 2 and 3).

Section 2 – List all medications your child takes at home or at school. Please include daily, “as needed” and emergency medications as well as supplements. If your child requires emergency medication for allergies, asthma, seizures or another serious chronic health condition, an action plan, signed by the physician, should be provided ANNUALLY to the school with this form outlining how/when medication should be used.

Medication Name (Brand name and generic)	Dose (i.e. 100mg)	Time Given (i.e. 8:00 a.m.)	Place Given (School or Home)	Reason for Medication	Side Effects

FOR MEDICATIONS REQUIRED TO BE ADMINISTERED AT SCHOOL, PARENT OR GUARDIAN AGREES TO THE FOLLOWING:

I request that The Howard School administer the medication(s) to my child according to the instructions on the prescription bottle provided to the school. I release the school from any and all liability for administering the medications(s). If there are any changes to the prescription, a new form **MUST** be submitted, even if for a limited time period.

I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that:

- There is no liability on the part of the school, its personnel, or agents, and I hereby release and waive any claims or actions against such persons or entity as the result of the administration of this medication to my child, except in cases of gross negligence or wilful and wanton misconduct by the Howard School.

- This medication must be brought to the school by a responsible adult. **Students should not have medications in their possession.**
- **This medication must be in its original labeled container dated within one year from the date of administration.**
- This medication will be destroyed if it is not picked up within one week following the date a parent instructs the school to stop administering the medication, one week after the close of the current school year, or when the medication prescription expires, whichever occurs first.

I hereby authorize the exchange of medical information regarding my child's treatment plan between the physician and school health personnel.

Signature of Parent/Guardian Date:

Signature of Parent/Guardian Date: