

## Ecole Classique Medication Authorization Form

Name of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Home #: \_\_\_\_\_

All medications, whether over the counter or prescription, must be stored in the school's front office.

### Over the Counter Medication

Ecole Classique supplies only the following over the counter medication. Please provide a signature and date for each medication you allow office staff to apply or administer to your child.

Antacid _____	70% Isopropyl Rubbing Alcohol: _____
Acetaminophen _____	Meat Tenderizer (bug stings) _____
Ibuprofen _____	Hydrocortisone Cream _____
Hydrogen Peroxide _____	First Aid Antibiotic Cream _____

No other over the counter medication will be supplied or administered to your child unless medication is brought from home with written approval. This includes cough medicine.

### Prescription Medication

We cannot and will not administer any type of prescription medication without signed written authorization. Please include each prescription medication you authorize Ecole Classique personnel to administer.

Name of medication: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_ Known Side Effects: \_\_\_\_\_

Route:  Oral  Topical  Inhaled  Injected  Other (specify) \_\_\_\_\_

Additional Instructions/Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Name of medication: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_ Known Side Effects: \_\_\_\_\_

Route:  Oral  Topical  Inhaled  Injected  Other (specify) \_\_\_\_\_

Additional Instructions/Comments:  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Ecole Classique personnel to administer the medication named above to my child in the manner as stated. I release any liability in relation to the administration of this medication. I also acknowledge that I, the parent/guardian, have given the first dose of this medication without any allergic or unexpected reactions.

Parent/guardian name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian name (please sign) \_\_\_\_\_ Date: \_\_\_\_\_