

The Rock Enrichment Academy

Record of Medication Administration

Policies and Procedures:

The Rock Enrichment Academy does not store medication for students. However, prescription medication, over-the-counter oral medication, or topical medication can be administered with written instructions and permission from the parent. This medication must be taken home at the end of each day and will not be released to the student unless the medication container is empty. Providing a single dose is encouraged when possible. Parents can request an additional bottle for school use from their pharmacist.

Prescription medication must be in the original container and must have the student's name written on the container. Over-the-counter medication, including oral or topical medication, must include the student's name and dosage instructions.

Parents or Guardians are responsible for ensuring that all medication provided for their student is up-to-date.

Self-administered medication, such as an inhaler for asthma, requires a completed authorization form to ensure proper storage and notification of medication being on campus. The Rock Enrichment Academy is not liable or responsible for medication that the student keeps on their person or with their possessions. Please do not put any kind of unidentified and unauthorized medicine, including aspirin, vitamins, and cough drops in your child's lunch box, backpack or pockets. Unidentified medicine can never be given at school.

By signing this form, the undersigned acknowledges that they have received The Rock Enrichment Academy Policies and Procedures pertaining to the administration of medication to the child indicated below.

Name of Student: _____ Grade: _____

Printed name of parent/guardian Date

Signature of parent/guardian Date

Signature of TREA staff Date

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By signing this form, the undersigned releases The Rock Enrichment Academy, the Director, and associates from liability surrounding the administration and consumption of the medication to the indicated child.

I understand that my signature on this form constitutes a waiver by me to The Rock Enrichment Academy and authorized supervising personnel for liability for adverse reaction when medication is administered in the proper manner.

Name of Student: _____ DOB: _____

Grade: _____

Name of Medication: _____ Prescription: Yes No

Is student able to self-administer medication? Yes No

Time medication to be administered: _____ Dosage: _____

If prescription, name of physician: _____

Physician's telephone: _____

I hereby authorize The Rock Enrichment Academy to administer the above medication to
_____ (name of student).

Printed name of parent/guardian Date

Signature of parent/guardian Date

Signature of TREA staff Date

