

School Medication Authorization Form
Texoma Christian School



Dear TCS Parents,

Please complete this form and return it to the front office. A new form must be completed every school year. This form will be kept in the administrative office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Cell Phone: _____

Grade: _____ Teacher: _____

Physician's Name: _____

Office Address: _____

Office Phone: _____

Medication Name: _____ Dosage: _____

Frequency: _____ Time to administer medication: _____

Diagnosis requiring medication: _____

Expected side effects, if any: _____

Other medications student is receiving: _____

For Office Use Only Date received by office _____ Received by _____
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For parents of student who need to carry asthma medication or an EpiPen:

I authorize TCS and its employees and agents, to allow my child to possess and use his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as before or after school care on school operated property.

Parent's Signature: _____ Date: _____

For all parents:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event I am unable to do so or in the event of a medical emergency, I hereby authorize Texoma Christian School and its employees and agents, in my behalf to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of TCS), lawfully prescribed medication in the manner described above.

I agree to indemnify and hold harmless Texoma Christian School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent printed name: _____

Parent signature: _____ Date: _____