

**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: \_\_\_\_\_

<b>For Office Use Only</b> Date received by office _____ Received by _____
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Please see next page for signature

**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: \_\_\_\_\_