

Willow Bend Academy Medical Consent Form

Please print all information (except where signature is required)

Page 2 of this form must also be completed

STUDENT NAME: _____

Parent/ Legal Guardian's Name: Father: _____ Mother: _____

Address: _____

Phone #'s: Home: _____

Father (Cell) _____ (Work) _____

Mother (Cell) _____ (Work) _____

List all Known Medical Conditions / Including Food/Drug allergies	Medications taken	Dosage and time

In an emergency, first contact: _____ Phone #: _____

Relationship to child: _____

In an emergency, secondary contact: _____ Phone #: _____

Relationship to child: _____

Primary Physician: _____ Office Phone #: _____

Office Address: _____

Dentist Name: _____ Office Phone #: _____

Primary Insurance Company: _____

Policy Holder's Name: _____ ID#: _____

Group/Policy #: _____ Phone #: _____

Address: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Parent/Guardian printed name

Parent/Guardian Signature

Date

Parent/Guardian printed name

Parent/Guardian Signature

Date

Medication Administration Authorization

The parent/guardian of _____
(student’s name)

gives Willow Bend Academy staff permission to administer the following:

Initial **Over-the-Counter Medications:** These would include the administration of acetaminophen, Ibuprofen, Claritan, Tums, cough drops, Caladryl, Neosporin, etc.

Initial **Prescription Medications:** These must come in a container labeled with the student’s name and the name of the medicine. In addition, **each** prescription medication must be accompanied by a **Prescription Medication Form.**

For all parents/guardians:

By signing below, I/we agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Willow Bend Academy and its staff, on my behalf, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the staff of Willow Bend Academy), lawfully prescribed or over-the-counter medication(s) in the manner described above.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and I specifically consent to such practices, and I agree to indemnify and hold harmless Willow Bend Academy and its staff 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/Guardian Signature: _____ **Date:** _____

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize Willow Bend Academy and its staff to allow my child or ward to possess and use his/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.

Texas Education Code – Section 22.052 states that administration of medication to students by school district employees, the school district, its board of trustees, and its employees are immune from civil liability from damages or injuries resulting from the administration of medication to a student if: (1) the school {district} has received a written request to administer the medication from the parent, legal guardian, or other person having legal control of the student; and (2) when administering prescription medication, the medication is administered either: (A) from a container that appears to be: (i) the original container; and (ii) properly labeled; or (B) from a properly labeled unit dosage container filled by a registered nurse or another qualified district employee, as determined by district policy, from a container.

_____ ***Please initial if you agree to authorize***

Initial **I do not want my student to receive any medication(s) at school.**
I will personally dispense any/all required medications to my child, and if necessary, will come to Willow Bend Academy to do so as required.