



ACADEMY

Request for Medical/Medicine Administration

This is not an Allergy Action Plan. Allergy action plans are available through TCMI Academy for students with food or other allergies. This form must be filled out and on file before any medicine (prescription or non-prescription over the counter) can be administered. This includes items such as Tylenol, Aspirin, or Ibuprofen. Any medicine administered at the request of the parent in accordance with this form will be logged in the medicine administration log book and kept on file for the school year.

Student Name: _____ DOB _____ Grade _____

Address: _____ City _____ Zip _____

Parent/Guardian _____ Phone Number _____

Medication to be administered: _____

Dosage to be administered: _____

Time or intervals dosage to be administered: _____

Name of Physician prescribing medication: _____

Address _____ Phone _____

Date to begin administration: _____

Date to cease administration: _____

Additional information or instructions: _____

I request TCMI to administer the above medication to my child in accordance with the physician's statement of need and/or my request. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes in the information provided on this form. I understand it is my responsibility to send in appropriate supply of medication to the school in its original container(s). Medication provided to the school in any container other than the original will not be accepted. I understand the school will have limited liability while administering medication to my child in accordance with a physician's statement of need. The school agrees to keep a written log of medication administered to my child in school throughout the current year. Any medication on school premises that is not listed on the Request for Medical/Medicine Administration, can result in disciplinary action.

Parent/Guardian Signature

Date of Request