

PALM BEACH CAMPUS

BROWARD CAMPUS

PERMISSION TO ADMINISTER MEDICATION

NAME OF CHILD: _____ D.O.B. _____ AGE _____

I hereby give my permission to the staff at Kentwood Preparatory School to dispense medication prescribed for my child.

	NAME OF MEDICATION GIVEN AT SCHOOL	DOSAGE	WRITE TIME TO BE GIVEN
1			Time: _____
2			Time: _____
3			Time: _____
4			Time: _____

IMPORTANT: PLEASE ENCLOSE A COPY OF THE PRESCRIPTION

The prescription medication **MUST** be given to Kentwood in the plastic packages that Kentwood will provide the parents with (upon receipt of this form and on a monthly basis thereafter). Each package must state the name of the child, the name of the medication, the dosages, the dates to be taken, and the times to be taken.

Please indicate side effects if any _____

In the unlikely event of medication not being administered on time, please advise on the procedure to be followed.

	NAME OF MEDICATION GIVEN AT HOME	DOSAGE	WRITE APPROX TIME TAKEN
1			Time ____ Circle AM / PM
2			Time ____ Circle AM / PM
3			Time ____ Circle AM / PM
4			Time ____ Circle AM / PM

I understand that no medication changes will be made unless Kentwood receives written authorization from the physician. Written authorization from the parents for decreases or termination of medication will be acceptable, but Kentwood reserves the right to confirm this with the physician.

Signature of parent / guardian

Date

Special Health Concern/s: _____

What are the symptoms? _____

What should be done? _____

Allergies to foods? _____

SUPPLEMENTAL MEDICATION PERMISSION

I give Kentwood School permission to administer the following medications to my child while at school. Please check Yes or No for each choice.

Tylenol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Advil	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pepto Bismol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Benadryl	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ANY OTHER PERTINENT INFORMATION MAY BE RECORDED HEREUNDER

I agree to leave additional (extra) medications for my child with the front office, even if medications are administered at home. In the event my child does not take his/her medication, the school will then be given permission to administer the medication from the extras. It is my responsibility to keep track of the extra medications on hand, and to restock as necessary. In the event extra medications run out and my child needs said medications, I agree to immediately pick up my child or to bring in a new set of medications within one hour of notification by school personnel.

I understand the dangers of making unilateral decisions regarding medications for my child. Failure to notify Kentwood of changes, increases, decreases, adjustments or terminations of medications (even for trial periods) may result in termination of my child's attendance. I also understand that any time I make a modification to my child's medication, I am obligated to complete a new "permission to administer medication" form.

Signature of parent / guardian
Rev. 7/13/11

Date

KENTWOOD MEDICATION PROCEDURE



SCHOOL PROGRAM

- 1 Upon enrolling a student at Kentwood, parents should furnish the school with a copy of the student's medication prescription, along with the completed medication form.

THE FOLLOWING WILL REPEAT ITSELF ON A MONTHLY BASIS THROUGHOUT THE SCHOOL YEAR

- 2 Parents will subsequently be given or mailed an appropriate supply of medication bags. These bags will usually be mailed at the same time as the monthly statements.
(If additional bags are needed, parents should notify Kentwood).
- 3 Parents must record (write) the following on each bag:
 - a Student's name
 - b Name of medication
 - c Time for administering medication
 - d Dosage of medication
 - e Date of administering medication
- 4 Parents must place the appropriate dosage of the respective medication in each bag.
- 5 All filled and completed medication bags must be placed in an envelope provided by Kentwood.
- 6 The envelope must be furnished to Kentwood Administration (with the child's name on the front).
- 7 **IMPORTANT: THE STUDENT'S MEDICATION MUST BE GIVEN TO KENTWOOD FOR THE ENTIRE MONTH.**
IF MEDICATION IS NOT GIVEN TO KENTWOOD TO COVER THE FULL MONTH, THERE WILL BE A CHARGE OF \$30 FOR EACH ADDITIONAL TIME THAT PARENTS BRING IN MEDICATION. THIS CHARGE ALSO APPLIES IF PARENTS HAVE TO BE CONTACTED TO BRING IN ADDITIONAL MEDICATION BECAUSE A CHILD'S SUPPLY HAS RUN OUT.
(Parents having a difficulty with this should contact the school office in ADVANCE).
- 8 Parents should enclose 5 extras of all medication in one of the furnished packets, to be kept at Kentwood as a precaution.
- * IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL IN WRITING IF THERE ARE ANY CHANGES IN MEDICATIONS, DOSAGES, OR TIMES OF ADMINISTRATION.

PLEASE DO NOT STOP, TERMINATE OR MODIFY YOUR CHILD'S MEDICATION WITHOUT CONSULTING AND NOTIFYING BOTH THE SCHOOL AND YOUR DOCTOR/PSYCHIATRIST. DOING SO MAY BE DETRIMENTAL TO YOUR CHILD.