



MORRISON SCHOOL EMERGENCY AND MEDICATION CONSENT FORM
2024 - 2025 SCHOOL YEAR

Full Name of Student: \_\_\_\_\_

Emergency Phone Numbers: Home: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Relative/Friend's Name, Relationship, & Phone # \_\_\_\_\_

Name of Student's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Parent: So that Morrison School staff may be accurately informed relative to medication taken by students, we ask that you complete this form. Please fill out a separate form for each individual medicine. We also ask that you immediately inform us when there is a change in medication or dosage taken at home or to be taken at school. Thanks for your cooperation.

Medication Taken at Home by my Child: Student's Full Name: \_\_\_\_\_

now takes: \_\_\_\_\_

(Generic Name of Medication)

(Reason/Diagnosis)

(Duration of Treatment - over a year or other)

Dosage \_\_\_\_\_ mg. at \_\_\_\_\_; \_\_\_\_\_ mg. at \_\_\_\_\_; \_\_\_\_\_ mg. at \_\_\_\_\_

Medication (including over the counter) specifically to be given at school:

Please administer to \_\_\_\_\_ at school \_\_\_\_\_ mg. of \_\_\_\_\_

(Name of Student)

(Medication)

(Reason/Diagnosis)

(Duration of Treatment - over a year or other)

Dosage \_\_\_\_\_ mg. at \_\_\_\_\_; \_\_\_\_\_ mg. at \_\_\_\_\_; \_\_\_\_\_ mg. at \_\_\_\_\_

Any medicine administered at school must be in the current prescription bottle. Over the counter medicine must be in the original unopened package when brought to school. All medicine must be brought to school by a parent and checked in by Morrison School Trained Staff.

My child is allergic to the following (please list medicines, environmental allergens, food, etc.)

I have seen and accept the Morrison School policy on medication. I will not hold the Morrison School responsible in the event of a negative reaction to medication given at school. I also give permission for my child to be transported by a Morrison School staff member or other designated person for emergency treatment.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_