



The Village School

A NORD ANGLIA EDUCATION SCHOOL

Student Name:	Diagnosis:	
Grade:	Prescription Name:	Dose:
Allergies:	Frequency:	Route:
Epipen at School:	Start Date:	End Date:
Inhaler at School:	Parent's Signature:	
Medication Policy <ul style="list-style-type: none"> • All medication must be kept in the school clinic. • Prescribed medication must be by a physician licensed to practice medicine in the State of Texas. • All medication must be appropriately labeled in the original container by the pharmacy or physician, no zip lock baggies. • Inhalers must be kept in the school clinic unless parent and nurse approval is on file (6th – 12th grade). • Stamped signatures cannot be accepted. • OTC (over the counter) medications are only for 1st - 12th grade students. <p>I/We, the undersigned parent/s of my child, hereby instruct and expressly authorize The Village School, its employees, agents, representatives and contractors to administer the described drugs (opposite of this page) to such child according to the dosage designated. Each of the undersigned also expressly RELEASES, INDEMNIFIES, and HOLDS The VILLAGE SCHOOL, its employees, agents, and representatives HARMLESS of and from all liability, claims, demands, expenses, attorney fees, and other costs incurred which arise or are incurred in connection with the administration of the drugs described. This authorization may not be revoked or amended without written notice of such change actually delivered to an officer of The Village School. All notices hereunder shall be in writing and may be effected by personal delivery in writing or by certified mail, return receipt requested, addressed to The Village School at 13077 Westella, Houston, Texas, 77077 and to the parents of the subject child at the address set forth below their respective signature. Each of the undersigned parents represent to The Village School that they are authorized to make and execute this Authorization and Release of Liability and that the authorization of another person is required to completely authorize The Village School, its agents, employees, and representatives to administer such drugs to the above-named child. The undersigned parents also understand that the Village School is relying on this document in undertaking to administer the drugs to their child. I/We also give permission for the information on this health form to be shared with school personnel on a need to know basis in order to provide appropriate services to my child. I agree to notify the school of any changes in my child's health status. In the event of an emergency, I give permission for treatment of my child by school personnel or a physician. The school will notify the parents as soon as possible.</p>	Diagnosis:	
	Prescription Name:	Dose:
	Frequency:	Route:
	Start Date:	End Date:
	Parent's Signature:	
	Diagnosis:	
	Prescription Name:	Dose:
	Frequency:	Route:
	Start Date:	End Date:
	Parent's Signature:	
	Physician's Signature	
	Diagnosis:	
	Prescription Name:	Dose:
	Frequency:	Route:
	Start Date:	End Date:
Parent's Signature:		
Diagnosis:		
Prescription Name:	Dose:	
Frequency:	Route:	
Start Date:	End Date:	
Parent's Signature:	Physician's Signature	