

MEDICATION INFORMATION & PERMISSION FORM 2018-2019

This form gives the office staff the ability to give your child medication we have on hand in the event that they become ill at school.
All medications brought to school, from home, must be in the original labeled container and left in the school office.

*Please **NOTE**: A current immunization record or signed exemption needs to accompany this application.

Check All that Apply for the Aforementioned Student:

- Inhaler or EpiPen (circle one) to be left in the office.
- Allergy to: _____
- My child may have: Tums, Cough drops, or Vitamin C at the discretion of the office (No notification will be given).
- My child may have Non-Prescription Medication: Tylenol, Pepto, Cough, Cold, or Allergy etc. medication
- My child may have Prescription Medication /Instructions/dosage: _____
- I do **NOT** need to be notified if you give my child non-prescription medication.
- Please notify me **IF** you give my child any medication.
- Please notify me **BEFORE** you give my child non-prescription medication.

SCHOOL HEALTH POLICY: In the event that your child becomes ill or sustains injury, which is of an emergency nature, while in the care of UBCA, Emergency Personnel will be called and the child will be transported to a hospital for care. If the illness or injury is of a less serious nature, UBCA personnel will evaluate, treat if necessary (e.g. cleansing a wound), and notify the parents.

Medical & Surgical Consent: I, the undersigned, hereby consent to all medical and surgical treatments by an attending physician, and to the administration and performance of all examinations, administering of medicine, treatments, anesthetics, operations, x-rays, or other procedures, which may be deemed necessary for the child listed on this application, during the stay at the hospital.

Medical Financial Agreement: I, hereby agree to accept responsibility for any financial indebtedness incurred during hospitalization. I agree to pay for all necessary services at the current rate and in case of collection, pay a reasonable fee and collection expense.

Emergency Contacts or After School Transportation:

Please list the names of individuals (other than Father, Mother, or Guardian) whom we may call if we are unable to reach you in an emergency. Please list those who may pick up your child after school. They **MUST** be on this list or your child will not be allowed to leave the school with them. If there is anyone who is **NOT** allowed contact with your child, please stop by the office and let us know, so we can add them to the Warning List in your child's file. Thank you.

Name: _____ Phone #: _____ Relationship: _____

- Emergency Contact After School Transportation Does Contact Live at the Same Address as Student?

Name: _____ Phone #: _____ Relationship: _____

- Emergency Contact After School Transportation Does Contact Live at the Same Address as Student?

Name: _____ Phone #: _____ Relationship: _____

- Emergency Contact After School Transportation Does Contact Live at the Same Address as Student?

I acknowledge that all information on the application for UBCA is correct to the best of my knowledge. I understand that false statements may result in my child's expulsion. I understand that my child's application may be denied if their previous academic work has not been up to UBCA's standards. I understand that if my child is accepted, the application fee, book fee, and first month's tuition are non-refundable. I have read the above medical policies and permissions, I understand, and agree to their content.

Parent or Guardian's Signature: _____ **Date:** _____