AL-RAHMAH SCHOOL

Consent for Administration of Approved Discretionary Medications
Health Contact Information

School Year □ 2023-2024 □ 2024-2025 □2025-2026

Student Name: _____ Date of Birth:___ /___/___ Grade/Teacher_____/_____

Allergies (include medication allergies) _____

List all medications your child receives on a regular basis _____
_____

Medical/Health Problems: Check all that apply

☐ Asthma ☐ ADHD ☐Bleeding Disorder ☐ Diabetes ☐Heart Problem ☐ Migraines ☐ Seizures ☐ Vision (wears glasses) ☐ Other (describe) _____

Is there a health problem that would prevent full participation in the school program or physical education program?
☐ No ☐Yes Describe:_____

I would like the following medication(s) made available to my child: (please **check only** the medications that were taken before by your child)

For Headache/Fever/Burns/Earache/Muscle Aches/Pain/Menstrual Cramps **For Upset Stomach**

☐Acetaminophen (like Tylenol) ☐ Ibuprofen (like Advil) **(Age 12 and older/age 9 for menstrual cramps)** ☐Chewable Tablets Antacid (like Tums) **(Age 12 and older)**

For Mild Allergic Reactions

☐Diphenhydramine (like Benadryl)

☐ I do not want any medication given to my child in school.

Contact Information

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____
Parent/Guardian 1 Home Phone: _____ Parent/Guardian 2 Home Phone:_____
Parent/Guardian 1 Cell: _____Parent/Guardian 2 Cell: _____
Parent/Guardian 1 Work: _____Parent/Guardian 2 Work: _____

Parent/Guardian Home Address: _____
Persons to whom student may be released other than parent:
Name: _____ Phone Number(s): _____
Name:_____ Phone Number(s):_____

I acknowledge that my child had taken the above medications I have checked and had no allergic reactions to them. I understand that the above medications I have checked will be administered by the Registered Nurse in accordance with established protocols developed for Al-Rahmah School under the authorization of Dr. N'Dama Bamba. I understand that generic equivalent of medications may be used. My signature authorizes the release of my child to the persons listed on this page.

Signature of Parent/Guardian/Eligible Student _____Date_____