



MORRISON SCHOOL EMERGENCY AND MEDICATION CONSENT FORM
2025 - 2026 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: _____