

**WARFORD AFTER- SCHOOL PROGRAM  
MEDICATION POLICY AND CONSENT FORM**

The Warford After-School Program staff will not administer medication. Medications needed for use for life-threatening conditions (e.g. bee-sting medication, inhaler) and limited medications approved for use in first-aid kits may be carried and self-administered by the child(ren). Parent/guardian shall provide documentation related to self-administration of medications.

Children will not be allowed to carry medications on them except for emergency medications allowed by Texas state law: an inhaler, EpiPen, or insulin. A written statement from a physician and parent/guardian allowing the student to carry and self-administer the medicine while attending the Warford After-School Program is required. The physician's order and written parent permission must be on file in the child's records.

**PARENT PERMISSION FOR MEDICATION TO BE TAKEN  
AT WARFORD AFTER-SCHOOL PPROGRAM**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Birthdate

My child has shown the skill level to self-administer an inhaler, EpiPen or insulin and therefore, I \_\_\_\_\_, hereby give permission on \_\_\_\_\_(date) for him/her to self-administer such medication as is listed below and as directed by the attending physician.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY A LICENSED PHYSICIAN:**

Medication: \_\_\_\_\_  
Name                      Dose                      Frequency                      For the Treatment of

Medication: \_\_\_\_\_  
Name                      Dose                      Frequency                      For the Treatment of

Print Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_