



MEDICAL PROCEDURE DISCLOSURE AND STATEMENT OF CONSENT

This document memorializes the understanding of the parent or guardian of _____, a _____ grade student, regarding Thomas Jefferson Independent Day School's ("the School") processes and procedures regarding a student who presents with medical needs while at School. It also constitutes the parent or guardian's consent to allow the School's employees to deliver over the counter medication, as described below.

To the Parent or Guardian: By signing below, I acknowledge and consent to the following:

1. I hereby authorize School office personnel who are in charge at the time and/or the Head of School, and/or the Athletic Director, to administer over-the-counter medication (i.e., Tylenol, Aspirin, Ibuprofen, Tums, etc.) for my student while my student is in the care of the School between the dates of June 1, 2025, and August 8th, 2025. I agree to notify the School if any information on this form changes, including address, emergency telephone numbers, insurance information, medical diagnoses, or allergies.
2. I authorize School personnel, including the Head of School, to procure any and all necessary emergency medical or dental care for my student. I agree to pay for medical expenses, including the cost of emergency medical services, provided to my student.
3. I understand an effort will be made to contact me, my spouse, or a designated emergency contact prior to obtaining treatment, but any of the above treatment or emergency services will not be withheld if I, my spouse, or a designated emergency contact cannot be reached.
4. If my student develops or presents with symptoms of COVID-19 or a similarly infectious disease while at School, I authorize School personnel to isolate my student away from other individuals in a secure location and to require wearing a mask while awaiting transportation home or to a medical facility.

To Medical Personnel

1. I authorize School personnel to procure emergency medical or dental services for my student. To the extent there is any doubt, I expressly designate School personnel as adults "standing in loco parentis" within the definition of Missouri Revised Statute 431.061 for my student.
2. I understand this authorization is given in advance of, or following, any specific diagnosis, treatment or hospital care, but is given to provide authority and power to render care which any physician, surgeon or dentist, in the exercise of her or his judgment, may deem medically necessary or advisable.

Signature of Parent or Guardian

Witness

Date

My student is required to take prescription drug medication during School hours. I hereby authorize the School office personnel who are in charge at the time, and/or the Head of School, and/or the Athletic Director, to administer the following prescription medication,

_____, for my student, _____,
while my student is in the care of the School between the dates of July 31, 2024, and July 31, 2025, as long as medically required pursuant to the instructions given with the prescription.

Signature of Parent or Guardian

Witness

Physician _____

Address _____

Phone _____ Hospital Preference _____

Emergency telephone numbers:

(Home) (Father's Work) (Mother's Work)

(Mother's Cell) (Father's Cell)

(Other relative) (Relationship) (Telephone number)

(Other emergency contact) (Relationship) (Telephone number)

Do you have health insurance? _____

Company name & policy number _____

Drug allergies? _____ Date of last Tetanus Toxoid _____

Please indicate any special medical history/information the School should know about your child, including any restrictions to medical or dental treatment.

(Please attach a copy of your current insurance card and your child's current immunization record. Both forms must be taken to the emergency room.)