

Parent Request/Permission Form to Administer Medication

Medication MUST be labeled by physician or pharmacist or be in original container.

Student's Name: _____ Birthdate: _____
Date of Prescription: _____ Discontinue Date: _____
Disease, Illness or Injury: _____
Medication: _____
Reason that necessitates the medication be given during school hours:

Daily: _____ PRN: _____ Emergency: _____
Strength: _____ Dosage: _____ Frequency: _____ Time: _____
Route of administration: _____
Intended effect of medication: _____
Side effects (from medication) student should be observed for: _____

Other medication(s) student is receiving: _____

Re-evaluation date: _____

May student self-administer medication under the supervision of school employee? yes no

Directions for self-administration: _____

ASTHMA & ALLERGIES only:

Severity of asthma necessitates that student carry inhaler on his/her person while in school yes no

Severity of allergy necessitates that student carry an Epi Pen on his/her person yes no

Should an additional Epi pen be kept in Nurse's office? yes no

Additional instructions from physician: _____

Consent of Parent or Guardian for above administration of medication:

Parent/Guardian signature

Physician Signature

Emergency phone #

Physician phone #

Date

Date

Parental Waiver of Liability:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize Excelsior Classical Academy and its employees to administer to my child the above noted medication. I further acknowledge and agree that when the above medication is administered, I waive any claims I might have against Excelsior Classical Academy and its employees arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Excelsior Classical Academy and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent/Guardian signature

Parent/Guardian name (please print)

Date

Primary phone

Address