

Authorization and Release for Administration of Prescription Meds

Please complete the following information, then date and sign this form. Your signature confirms your authorization for the selected individual to administer the indicated medication to the student and that the time and dose supplied by you are accurate.

It is your responsibility to supply us with the medication to be administered at school to the student in the original package from the pharmacy.

Name of Student: _____

Name of Medicine: _____ Dose: _____ Time: _____

Name of Medicine: _____ Dose: _____ Time: _____

Name of Medicine: _____ Dose: _____ Time: _____

Name of Medicine: _____ Dose: _____ Time: _____

(Continue on back if needed)

To be administered by (circle one)

Teacher Student Nurse Dorm Staff

(Parent or Personal Representative Sign and Date)

(Nurse Sign and Date)

RELEASE

I hereby release and hold harmless the Academy of the New Church, its employees, directors, agents, and assigns from any liability, claims, demands, actions, and/or attorneys' fees arising from the administration of medication to the above noted student in accordance with this form.

(Parent or Personal Representative Sign and Date)