

PODER Academy / PODER Secondary
PERMISSION FOR ADMINISTRATION OF MEDICATION AT SCHOOL & RELEASE OF LIABILITY

Student Information

Name: _____ Date of Birth: _____

Medication Allergies: _____

Medication Information

Medication name: _____ Dose: _____

Healthcare Provider: _____

Frequency ordered by healthcare provider: _____

Times to be given at school: Lunch: Other: _____

Start Date: _____ End Date: _____

Pharmacy: _____ Prescription #: _____

Key Points:

- Parent/guardian must provide all medication.
- Each medication should be delivered in the original container with the child's name, time/frequency, dosage, licensed health care provider's name, pharmacy name and phone number.
- Parent/guardian must notify the school nurse in writing of any changes in the dosage or medication from the healthcare provider.
- By the end of the school year all medication must be picked up by parent/guardian or it will be destroyed according to school policy.
- This permission is valid for only one medication and the current school year.

Permission from Parent/guardian

I, _____, request and give permission for:

1. Trained school personnel, acting as "friends" to give my child (named above) the listed medication according to school policy and Healthcare provider directions.
2. The school nurse to contact the health care provider named above or the pharmacist to discuss the medication and my child's health.

I agree to indemnify and hold harmless the school and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Signature:

Date