



Parental Authorization for School Administration of Medication

Student's Name _____ Birthdate _____

Address _____ Phone _____

Grade _____

Medication	Dose	Time	Date Begins	Date Ends

Physician's Name _____ Phone _____

Address _____

I request that Peoria Christian School administer the medication(s) listed above to my child in accordance with my request. For each prescription medication, I will supply a "Physician's Statement of Need" form. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on the form. I understand that it is my responsibility to send an appropriate supply of medication to school in a container labeled appropriately by the pharmacist or licensed prescriber. Medication provided to the school in any container without the appropriate label will not be accepted. The school agrees to keep a written log of medication administered to my child in school throughout the current school year.

I expressly, on my own behalf and on behalf of (student's name) _____, waive any liability or claim for negligence against, and agree to hold harmless, the school or any officer, board member, employee, or volunteer at the school, arising out of the administration of the medication(s) approved above. I further agree that any officer, board member, employee, or volunteer shall not be liable for any civil damages for acts or omissions resulting from or related to the administration of medication(s) referenced herein, including, but not limited to the administration of medication(s) approved above, and that any officer, board member, employee, or volunteer shall not be liable for any civil damages for any injuries or deaths resulting from the misuse of the administration of medication(s) approved above.

Parent/Legal Guardian's Signature _____ Date _____

Address _____

Home Phone _____ Work/Cell Phone _____

Emergency Contact Information _____