



Authorization for Administration of Homeopathic or OTC Medication

Student Name: _____ Date of Birth: _____
Grade: _____ Academic Year: _____

- All medication must be provided in the original container, labeled with the child's full name. Where applicable, the implement for proper measurement must be provided and labeled with the child's full name.
- Non-prescription (OTC, homeopathic, herbal, homemade) medications must be designated for use for the child on the label.
- All medications are kept in the administrative office.

Homeopathic/Herbal/Homemade medications: with written authorization from parent/guardian can be administered. Clearly written instructions and completed *Non-Prescription Release* is required for each homeopathic treatment to be administered at school.

Description/Name on label of homeopathic treatment: _____

Route of administration: _____ Duration: _____

Instructions for use: _____

Is student capable of administering self-treatment of this remedy? _____

On behalf of myself, my family and my minor child, I hereby release and agree to defend, hold harmless, and indemnify Auburn Classical Academy, Inc., and its officers, and employees, from any and all claims, demands, or suits for damages for any injury, complication or damage (including personal injury) which may result from the administration of the aforementioned medication.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Relationship to student: _____