



Authorization for Administration of Prescription Medication

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

- 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.
- Must have a current pharmacist's unaltered label that included the child's full name, dosage, times to be administered, and the name and telephone number of the prescribing physician.
- The instructions from the child's parent/guardian must not conflict with the label directions as prescribed by the child's physician.
- A separate completed *Prescription Medication Form* is required for each prescription or scheduled medication to be administered at school.

The following medication is to be administered during school hours: _____

Dosage: _____ Route of Administration: _____

Time to be administered: _____ Duration: _____

Prescribing physician's name: _____

Telephone number: _____

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: _____