

To be updated by parent/guardian/physician annually

PRESCRIBER AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

Student's Name: _____ Grade: _____

Medication _____ Dosage _____ Time to be administered _____

Intended effect of this medication _____

Expected side effects, if any _____

Other medications the student is taking _____

***May student self-administer medication under supervision of school personnel who do not have medical training?**
(Please circle) YES NO

***For ASTHMA, ALLERGY, DIABETES AND SEIZURE CONDITIONS ONLY:**

I certify that this student has been instructed in the use and self-administration of this medication and is capable of self-administering the medication independently and without supervision.

(Please circle) YES NO

I also request that this student be allowed to carry the above-described medication on their person during school hours and during school-related activities in order to facilitate the self-administration of the medications as needed.

(Please circle) YES NO

Administration Instructions: _____

Prescriber's Signature _____ Date _____

Prescriber's Name (printed) _____ Telephone _____

Address _____

PARENT AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of an emergency, I hereby authorize Grace Lutheran Church and School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of Grace), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child be performed by an individual without medical training, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Grace Lutheran Church and School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Grace Lutheran Church and School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries resulting from the administration or attempts at administration of said medication.

Parent Signature _____ Date _____

Parent Phone _____