



Parent Consent for Giving Prescription Medication at School

I hereby request and give my consent for the school nurse or person designated by the administrator to see that my child, _____

receives the following medication for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled with and given in the following manner:

1. Name of medication _____
2. Route of administration (by mouth, etc.) _____
3. Amount to be given _____
4. Time of day to be given _____
5. Expected duration of treatment _____
6. Prescriber's name (must be on the label) _____
7. Indication (reason) for medication _____
8. What are the side effects? _____

I hereby give permission to All Saints' Episcopal Day School to administer the medication described above in accordance with the instructions given above. I understand that all prescription medicine must be in the correct prescription container, clearly labeled with directions that match those on this form. I also understand that any changes to these instructions must be communicated in writing and signed by me. I understand that the school reserves the right to decline to administer medications or may require additional information from the prescribing physician before undertaking to administer any medication; provided that the exercise of the right to decline to administer medications will be consistent with the School Bill of Rights for children with Diabetes, a copy of which may be found in the Parent-Student Handbook. I also understand that school personnel who are not medical professionals may administer medications. I release and discharge All Saints' Episcopal Church, the School, their governing boards, employees or agents from any and all liability in connection with the administration of any medication.

Signature of Parent or Legal Guardian

Date