

Furtah Preparatory School
2009-2010

Phone: 678-574-6488 E-fax: 678-324-3911

REQUEST FOR ADMINISTRATION OF MEDICATION

If medications can be given at home or after school hours, please do so. However, if medication administration is absolutely necessary to be given during school hours, **this form must be completed.**

Permission is hereby granted to the Headmaster's Assistant or her designee to supervise my child in taking the following prescribed medication.

I hereby release and discharge Furtah Preparatory School and its employees and officials from any and all liability in case of accident or any other mishap in supervising said medication. I hereby release aforementioned officials from any liability because of any injury or damage which might occur.

I give the above mentioned personnel permission to contact my child's health care provider and/or pharmacy to acquire medical information concerning my child's diagnosis, medication, and other treatment(s) required.

I understand that:

- Medications must be in the original container.
- Parent/Guardian must provide specific instructions (including drugs and related equipment) to the Headmaster's Assistant or her designee.
- It will be the responsibility of the parent/guardian to inform the school of any changes in pertinent data. New medications will not be given unless a new form is completed.
- All medication will be taken directly to the office.
- A daily record shall be kept on each medication administered. This record will include student's name, date, medication administered, time and signature of school personnel who supervised.

NAME OF STUDENT _____ GRADE _____

DATE OF MEDICATION _____ PRESCRIPTION _____

DOSAGE AND TIME OF ADMINISTRATION _____

STOP MEDICATION ON _____

STATEMENT OF PARENT OR GUARDIAN

I hereby give permission for my child to receive medication at school as prescribed by my child's physician,

SIGNATURE OF PARENT/GUARDIAN

DATE