

Student Name _____

Last

First

Calvary Chapel Christian School
Parent Release for Administration of
Prescription Medication

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendation as closely as possible at school. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school and its employees free from any or all suits which might arise out of these arrangements.

It is understood that the school is not legally obligated to administer medication to my child, and therefore I agree to hold the school and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

We, the undersigned, who are parents of _____,
request that medicine be administered to our child in accordance with our physician,
_____ 's instructions found on the prescribed medication, by a
member of the school staff. We will notify the school immediately if we change physicians
or if the medication is changed.

Child's Teacher _____

Child's Grade _____

Name of medication _____

Time of dosage _____

Amount of dosage _____

Legal Guardian's signature _____ Date _____

Address _____

street

city

Home Phone _____ Work Phone _____

Staff Member's Signature _____