

Rooted in Christ, Ready for Tomorrow.

Authorization and Release

For Administering Medicine to Student at School or School-Sponsored Activity

A separate written Authorization and Release must be submitted each school year for each medicine to be administered to a student, and for each change in the dosage, time(s) and/or route of administration.

Student Name:D	ate of Birth:	Grade:	School Year:
Health Care Provider Authorization and Directions - Physician/Dentist must complete and sign this section			
Name of Medicine: The Medicine is: Purpose of Medicine:			
Dosage:Route of Administration:			
Time(s) the Medicine is to be Administered:			
Starting Date:	Ending D	ate:	the end of the school year)
Possible Side Effects of Medication:			
SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL Self-carry/self-administration of emergency medication such as inhalers and EpiPens® must be authorized by the prescriber. Prescriber's authorization for self-carry/self-administration of emergency medication:			
I authorize this student to self-carry/self-administer the above medication			
Signature of Provider:			Date:
Printed Name of Health Care Provider:		Office Ph	none:
Special Instructions			
Prescription Medication: Must be furnished in the original pharmacy labeled container. The student's name, name of the medicine, dosage, name of prescribing health care provider (who is required to furnish Health Care Provider Authorization and Directions above), date prescription was filled, and expiration date must be printed on the medicine container's pharmacy label. Nonprescription Medication: Must be furnished in the original container labeled by the pharmaceutical company or			
other commercial distributor of the medicine.			
Parent/Guardian Request, Permission and Release I hereby request and give my permission for Riverside Christian School to administer to my child the medicine named in the above Health Care Provider Authorization and Directions, as specified by the health care provider. In connection with my request, I hereby authorize the health care provider to provide information to School personnel who may be involved in administering the medicine to my child. I hereby release and hold harmless the School and its board members, employees, and agents from any and all liability, claims, causes of action, damages and demands of any kind whatsoever (except willful and wanton acts or omissions) that may be brought by my child or on my child's behalf for any and all damages, including personal injury to my child, arising out of or in connection with the administering of medicine to my child as provided above.			

Date:

Signature of Parent/Guardian: