Collegiate High School 2009 – 2010

PERMISSION FOR ADMINISTRATION OF MEDICATION
BY DESIGNATED SCHOOL PERSONNEL IN THE SCHOOL SETTING

I herby certify that it is necessary for ____
Full Name of Student (Please print)

____
Student Identification Number (Office Use)

to be given the medication listed below during the school day, including when he/she is away from school property. I understand that such medication may be administered by a non-medically trained staff member to be designated by the administrator. The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction.

Name of Medication:____

Amount of Medication and Container Brought to School:___________________________________

Dosage To Be Given:____

Time(s) of Administration:____

Beginning Date:_________________________ Ending Date:_____________________________

Side Effects:____

Special Instructions/Comments:____

____

Emergency Telephone Numbers:

Mother/Guardian Home______________ Work____________ Cell_____________

Father/Guardian Home______________ Work____________ Cell_____________

Other Emergency Contact ___________________________Daytime Phone______________

Doctor's Name:_______________________________________ Telephone__________________

Parents are requested to pick up any leftover medicine within ***ONE*** week after the ending date. Medicine left after this time will be discarded.

It is understood that the Collegiate High School is not required by law to provide medication to my child and therefore in consideration of the school's agreeing to administer such medication I agree to hold the school's employees, representatives and public health personnel free from any and all responsibility for 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. The school is authorized to secure emergency medical services for my child whenever the need for such services is deemed to be necessary by the school.

____ ________________________
Parent/Guardian Signature Date