

PRESCRIPTION MEDICATION & HOLD HARMLESS RELEASE FORM

If your child needs to take prescription medication during school hours, you are required to complete a Prescription Medication & Hold Harmless Release Form. EACH prescription requires the completion of its own form before medication is allowed on school property and can be administered at school.

Prescription medications must be in the ORIGINAL container with pharmacy label indicating your child's name, medication name, and dosing information. Upon request, your pharmacy may be able to generate a duplicate container/label.

Your physician is NOT required to sign the Authorization to Carry Medication section below UNLESS your child has an acute/chronic condition requiring student self-administration of medication in an emergency situation. All medications, except those with an Authorization to Carry, will be secured in and dispensed from the nurse's office.

If there are ANY medication changes, either in type or dosage, it is the responsibility of the parent or guardian to resubmit this form to the school. If the medication is to be terminated, the parent must notify the school by phone or provide a written and dated withdrawal of consent. This form is valid for one year.

Student's Full Name	Date of Birth

Name of Prescription Medication	Dosage

Prescribed for Diagnosis	Start Date	End Date

Dosing Schedule					
Time					
Amount					
If medication should be given "As Needed" (PRN), specify indicated symptoms. Or, special instructions:					

I (We) hereby give Midwest Academy staff the authority to administer the medication listed above to my (our) child during the school day. I (We) shall hold harmless, Midwest Academy, its trustees, administrators, teachers, and any other staff person who may act in reliance upon the authority granted to them.

Parent/Guardian Signature	Date

AUTHORIZATION TO CARRY MEDICATION (Physician Signature Required)

I indicate by signing below that the student named above is a patient under my care who has an acute or chronic medical condition for with the forenamed medication, which I have prescribed. The student may possess and self-administer the medication. The student has been instructed in how to self-administer the medication. The nature of the disease or medical condition requires emergency administration of the medication [IC 20-33-8-13].

Physician Signature	Date