

I hereby request and give my permission to school personnel to assist in administering medication to my child.

Student: _____ Grade: _____ Phone: _____

I/we understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may, in the absence of the school nurse, be rendered by an employee of the school who is not medically trained. I/we hereby release Worthington Christian School, its Board of Education, its officials and employees, including the school nurse and the principal's designee, from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Date: _____ Parent's Signature: _____

Non-Prescription Medication

Parents may sign for over-the-counter medications (i.e., Tylenol, Advil, Sinutab, etc.) These must be in their original boxes and containers.

Name of medication: _____ Dosage: _____

Specific instructions and time of administration: _____

Date to be started: _____ Discontinue after: _____

Prescription medication (*must have a physician's signature*)

Physician's name: _____ Phone: _____

Physicians' instructions: (TO BE COMPLETED BY THE PHYSICIAN)

Prescription and Instructions: _____

Please observe the following: _____

Pertinent information that will help WC better serve the patient: _____

Date to be started: _____ Discontinue after: _____

Physician's Signature: _____