



**Medication
Administration
Release and
Permission**

Parents/Guardians: This document is intended to absolve **Heritage Academy** ("School") of any liability to the parent/guardian or child that is related to the administration of the medication herein named.

Student's Name _____ **Birth Date** _____
Last First Middle

Parent/Guardian's Name(s) _____ **Daytime Phone** _____

Please type or print

Statement of Physician:

This section is to be completed by the student's physician.

Physician's Name: _____ **Office Phone Number** _____

Address: _____

City: _____ **State** _____ **Zip** _____

Medication: _____ **Date of Prescription** _____

Dosage and Time of Administration: _____

Possible Contraindications: _____

List any allergies: _____

I, _____ have examined _____

and found them to be ailing from _____ for which I have prescribed the above
named medication and dosage.
Physician's Name Student Name
Name of Ailment Requiring Medication

Physician Signature: _____ **Date** _____

This section is to be completed by the student's parent(s).

Initial each statement to indicate that you have read and agree to that statement.

Acknowledgement and Assumption of Risk:

_____ I acknowledge that administration of medication for my child's condition, involves risks of serious harm to my child and I assume those risks, including risks arising from acts or failures to act of the school.

Information relied on by School:

_____ I am the parent or legal guardian for the child for whom this document is signed. My child and I are of sound mind. I have or will discuss my child's medical condition with my physician as I deem appropriate, and have or will assure he or she receives any vaccinations or other medical attention the physician deems necessary. I am under no force or duress of any kind to compel my signing of this document.

Release:

_____ **THIS DOCUMENT IS INTENDED TO ABSOLVE THE SCHOOL OF ANY LIABILITY TO ME OR MY CHILD THAT IS RELATED TO MY CHILD'S MEDICAL CONDITION AND THE ADMINISTRATION OR NON-ADMINISTRATION OF HIS/HER MEDICATION.**

Accordingly, I hereby release and agree to hold harmless and to indemnify **Heritage Academy** from, waive, and will never sue the School, for any liability whatsoever occasioned by the administration or non-administration of the medication and instructions herein named. I also authorize the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered. Heritage Academy Such liability includes any liability that arises or is alleged to arise from the School's negligence (but not its willful and wanton misconduct); and any liability that arises or is alleged to arise from claims for contribution by another that my child or I have sued or from whom my child or I have received compensation.

Definitions:

- _____ a) References to "**me**", "**my**", and "**I**" shall include and bind my spouse, any parent of the child for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such child, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such child.
- b) The "School" includes
 - (i) its affiliates;
 - (ii) the members, trustees, directors, officers, employees, volunteers, and agents of the School or such affiliate; and
 - (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

Notarization:

Parent/Guardian

County: _____

State: _____

Signature Date

Sworn to and subscribed before me on this the _____ day of _____, **20**_____

Notary Public: _____

My commission expires: _____