



**PARENT/LEGAL GUARDIAN'S REQUEST AND AUTHORIZATION
FOR MEDICATION AT
WORD OF GOD ACADEMY**

STUDENT: _____ DOB: _____
GRADE: _____ TEACHER: _____
ADDRESS: _____
PARENT/LEGAL GUARDIAN NAME: _____
PHONE: (Home) _____ (Other) _____

OTHER PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY:
NAME _____ RELATIONSHIP _____ PHONE _____
NAME _____ RELATIONSHIP _____ PHONE _____

NAME OF MEDICATION(s): _____

(Directions for administration provided by physician/dentist on order form must be attached to this parent's request)

LIST KNOWN ALLERGIES: _____

ARE THERE SPECIAL INSTRUCTIONS FOR GIVING YOUR CHILD THIS MEDICATION?

LIST MEDICATIONS STUDENT RECEIVES AT HOME:
1. _____
2. _____
3. _____

Do you give permission for the school's designated registered nurse to share with designated trained unlicensed personnel information about your child relative to medication administration as the nurse deems necessary? YES: _____ NO: _____ Any restrictions on this release? _____

Do you understand that this medication will be destroyed if not picked up at the end of the school term or when the medication orders are discontinued? YES: _____

Have you administered the initial dose at home and have you allowed sufficient time (overnight) for observation of adverse reactions before asking school personnel to administer the medication?
YES: _____

All answers above must be “yes” before the medication can be administered at school by unlicensed trained personnel.

4. Do you agree to have your child’s medication dosage withheld while on a field trip?
YES: _____ NO: _____ (Medication can not be withheld for life-threatening emergencies)

Parent/Legal Guardian’s Signature _____ Date _____

Use this space only for students who will self-administer medication such as asthma inhaler, epi-pen or diabetes medication.

RELEASE FORM FOR STUDENTS TO BE ALLOWED TO CARRY MEDICATION ON HIS OR HER PERSON.

Have you provided the school with an order from your child’s physician that states he or she may carry and/or administer his or her own epi-pen, asthma inhaler or diabetes medication?
YES: _____ NO: _____ If yes, proceed below.

I acknowledge that the school shall incur no liability and that as the parent or legal guardian, shall indemnify and hold harmless the school and its employees against any claims that may arise relating to the self-administration of medications used to treat asthma, diabetes or anaphylaxis.

Parent/ Legal Guardian’s Signature _____ Date _____