



ADMINISTERING MEDICATION

Authorization from Parents

Student's Picture



Student's name

I authorize a member of **EARDLEY SCHOOL** staff to administer the following medication, as outlined in the attached physician's prescription to my child.

Name and description of medication:

Dosage: _____

Time to be administered: _____

Start date _____ End date _____

Physician's Name and telephone number:

I take full responsibility for any possible effects of the above mentioned medication, and I release and Discharge the members or staff of the School, the School Board, The Bus Contractor, and the Bus Driver of all responsibilities resulting from the administration of said medication to my child.

Parent or Guardian: _____

Print name

Signature

Date: _____