



### Medication Administration Release Form

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Physician name: \_\_\_\_\_ Physician telephone: \_\_\_\_\_

Physician address: \_\_\_\_\_

Christian Academy School System, its Board Members, officers, or employees (hereinafter collectively referred to as “CASS”) cannot administer over the counter medication to students without the written authorization of the student’s parent or guardian, and cannot administer prescription medication without the written authorization of the student’s parent/guardian and the medication itself in its original container with the physician’s name and prescription and dosage instructions label intact. Parents are responsible for providing all information needed for the proper administration of medications.

A confirmation of current medications to be administered during school hours must be made or renewed at the beginning of each school year. Whenever there is a new medication to be administered or a change in a current prescription, the parent/guardian must complete a new form and provide the new prescription in its original container with the label intact, if applicable.

Medication administration is done as a courtesy to our families; therefore CASS retains the right to reject any request for medication administration for any nondiscriminatory reason or to terminate such medication administration with notice to the parent or guardian. Medicines in unlabeled or improperly labeled containers, without complete instruction for administration will not be given at school.

CASS will not administer medications that are expired, not FDA approved, or that exceed recommended therapeutic levels (for supertherapeutic prescriptions, a physician’s signature is required). Students at CASS may not carry any medication on their person or in their belongings, with the exception that middle and high school students may carry an inhaler or epinephrine auto-injector. Other than this exception, medications may not be self-administered or shared with other students.

#### Medication & Instructions

Name of Medication	Purpose	Dose	Time(s) of day for dosage	How administered	Special instructions

Parent/Guardian Release of Liability:

I desire that the school personnel administer the medication as a convenience to my child and me. I understand that administration of medication is potentially hazardous to my child. Hazards may include allergic reaction, illness, injury, and death. I understand that school personnel who administer the above medications may not be medically trained and may not be able to identify possible negative reactions or administer the medication properly despite their best efforts. I assume any and all risks associated with school personnel administering medication to my child, including but not limited to injury to my child, overdose, loss or waste of the medication, or improper administration.

Knowing the risks, and in consideration of school personnel administering the medication as requested and authorized herein, I for myself, my child, and our personal representatives, heirs and assigns, do hereby hold harmless, release and covenant not to sue CASS from all claims or liabilities on account of the death or injury to person or property of my child of any kind or nature arising from, or in any way connected with, the administration of medication to my child, even though the claim or liability may arise out of the negligence on the part of CASS, or any third person, whether foreseen or unforeseen, known or unknown. I hereby agree that this release is intended to be as broad and inclusive as permitted by the laws of Kentucky if the student attends Christian Academy of Louisville, or Indiana if the student attends Christian Academy of Indiana, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect.

I further acknowledge that I have carefully read the foregoing release and know the contents thereof. I also give CASS and its staff permission to communicate with my child's physician, dentist or pharmacist as needed concerning the above medications.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_