## Authorization to Administer Prescribed Medication Release and Indemnification Agreement



## PART I-TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize The Gan Montessori personnel to administer prescribed medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless The Gan Montessori and any of their offices, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided The Gan Montessori staff are following the physician's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student:	Birthdate:	
Prescription: Renewal New	If new, the first full day's dosage	e was given at home on:
List all medication(s) student is taking, ir	ncluding over the counter medic	cation(s):
Parent/Guardian Signature	Phone Number	Date
PART II—TO BE COMPLETED BY PHYS	SICIAN	
medication to students during the school da should be so prescribed. Only non-parenter	y. Any necessary medication that p al medications are administered ex administer medication to students	Gan Montessori discourage the administration of possibly can be administered before and after school scept in specific emergency situations. School per- s during the school day, as outlined on the back of
Name of Medication:	Diagnosis:	
Dosage:	Time(s) To Be Given at School:	
Route of Administration:	Effective Dates: From to	
Side Effects:		
If PRN, specify:		
Frequency of Administration:		
Physician's Name (print)	Physician's Signature	Phone Number Date
PART III—TO BE COMPLETED BY THE	DIRECTOR	
Check as appropriate:		
Parts I and II above are completed, inclu physician's stationary/prescription Prescription medication is properly labe	blank.)	all items of information in Part II are written on the
Medication label and physician order are		
	-	urer's dosage label and safety seal intact. guardian (within one week after expiration of physic
Director Signature	Date	

## INFORMATION AND PROCEDURES

- No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written physician order. This includes both prescription and over-the-counter (OTC) medications.
- 2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physician may use office stationary or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physicians signature, and date.
- 3. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either the school personnel administer medication brought to school by the student.
- 4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
- 5. The first day's dosage or any new medication must have been given at home before it can be administered at school.
- 6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
- 7. The school director will call the prescriber, as allowed by *Health insurance Portability and Accountability Act* (HIPAA), if a question arises about the child an/or the child's medication.