

**PARENTAL AUTHORIZATION FOR ADMINISTRATION OF MEDICATION:  
PRESCRIPTION AND/OR NON-PRESCRIPTION**

**This form is to allow Evangelical School to administer non-prescription and prescription medication as needed.**

I give permission to administer Tylenol or Motrin by Evangelical School staff and any prescription medication to be taken: Yes \_\_\_\_\_ No \_\_\_\_\_ Call \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Medication to be Administered \_\_\_\_\_ Dosage \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Medication to be Administered \_\_\_\_\_ Dosage \_\_\_\_\_

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Medication to be Administered \_\_\_\_\_ Dosage \_\_\_\_\_

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize **Evangelical School** and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Evangelical School), lawfully prescribed medication and/or non-prescription medication. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Evangelical School, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Evangelical School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

\_\_\_\_\_  
Parent's Signature Home Phone Cell Phone

\_\_\_\_\_  
Date

Additional Information: \_\_\_\_\_

\_\_\_\_\_