Emma L. Minnis Jr. Academy

Consent to Administer Prescribed Medication

Student Name: _____ Grade: _____

- I will obtain a new physician's order and notify the school in writing for any changes.
- I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the conditions for which it is prescribed.
- I understand that when medication at school is no longer needed, an adult will pick up remaining medication.

  It will not be sent home with the child.
- I understand that all medication should be delivered to the school by parent/guardian.
- I understand that medication will be given by non-medically trained school personnel.

The medication(s) listed on the **Request to Give Medications** form is/are to be administered during the school day in accordance with the above instructions and agreements. Permission is also given when I request the school to administer early A.M. dose of medication, if I have forgotten to do so at home.

- I agree to accept communication about student/medication and understand the medication will be given by non-medically trained school personnel.
- I understand that the E. L. Minnis Junior Academy, or any of its employees, or anyone designated by the principal, the South Central Conference of Seventh-day Adventist, or any employee of the South Central Conference of Seventh-day Adventist shall not be liable to my child, or me (as the parent or legal guardian) for any civil damages for any personal injuries to my child which may result from acts of omission in administering the medicine I have authorized.

REQUIRED SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Address: _____ City/State_____ Zip: _____

(Please Print) Physician/Practitioner Name: _____

Physician/Practitioner Signature: _____ Date: _____

Office Address: _____ Office Phone: _____

City/State_____ Zip: _____