

**GRACE EPISCOPAL DAY SCHOOL**9411 Connecticut Avenue  
Kensington, Maryland 208959115 Georgia Avenue  
Silver Spring, Maryland 20910**AUTHORIZATION TO  
ADMINISTER MEDICATION**

Release and Indemnification Agreement

**PART I – TO BE COMPLETED BY THE PARENT/GUARDIAN**

I hereby request and authorize Grace Episcopal Day School personnel to administer prescribed medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless Grace and any of their administration, faculty, and staff members from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided Grace Episcopal Day School 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: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_ School: \_\_\_\_\_

Prescription:  Renewal  New If new, the first full day's dosage was given at home on: \_\_\_/\_\_\_/\_\_\_.

List all medication (s) student is taking, including over-the-counter medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ / \_\_\_ / \_\_\_

Parent / Guardian Signature

Phone Number

Date

**PART II - TO BE COMPLETED BY THE PHYSICIAN**

Grace Episcopal Day School discourages the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before or after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**Name of Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
*Trade name and/or generic*

Dosage: \_\_\_\_\_ Time(s) To Be Given At School: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Effective Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_.

Side Effects: \_\_\_\_\_

If PRN, specify:

When indicated \_\_\_\_\_

Frequency of administration \_\_\_\_\_

\_\_\_\_\_  
*Physician's Name (print or type)*\_\_\_\_\_  
*Phone Number*\_\_\_\_\_  
*Physician's Signature*\_\_\_\_\_  
*Date***PART III – TO BE COMPLETED BY SCHOOL ADMINISTRATION**

Check as appropriate:

 Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the physician's stationery/prescription blank.) Prescription medication is properly labeled by a pharmacist. Medication label and physician order are consistent.

Over the counter medication is in an original container with the manufacturer's dosage label and safety seal intact.  
 \_\_\_/\_\_\_/\_\_\_ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the physician's order).

\_\_\_\_\_  
*Administrator's Signature*\_\_\_\_\_  
*Date*

## **INFORMATION AND PROCEDURES**

1. 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 stationery 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, physician 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. School personnel will not administer medication brought to school by a child.
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 of any new medication must have been given at home 24 hrs. 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. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of Grace Episcopal Day School. Medications without accompanying physician's orders and parent consent will not be stored in the health room.