

Webber Academy
Student Medication/Epi-pen Administration Approval Form

(Please Print Clearly)

Please submit ONLY if your child requires medication administration

Name of Student _____ Grade: _____

Address of Student _____

Name of Physician _____ Bus Phone: _____

Name of Parent _____

Parent's Telephone: (Res.) _____ (Bus) _____ (Bus) _____

Name of Medication: _____

Term of Administration: _____

Precautions to be taken, _____

Special Storage Instructions: _____

Purpose: _____

Student's Ability to Self-Administer: _____

The undersigned, _____, being the legal parent(s)/guardian(s) of _____, a student of Webber Academy request and authorize by way of this document an employee or agent of Webber Academy to administer medication to the above-named student and, for so doing, this request and authorization will serve as a release of, and indemnification from, any action, causes of action, or any suit commenced in law, equity, or by way of statute by the undersigned against the school board, its trustees, employees and agents arising from any above-mentioned persons in the context of administering medication to the above-named student. Further, the undersigned parent(s)/legal guardian(s) recognize and acknowledge that the employee or agent of Webber Academy who may, as a result of this request, be administering the medication to the above-named student, is not a medical practitioner.

Finally, the undersigned parents/guardians recognize and acknowledge that the above is subject to the attached conditions set forth in this document, which have been read and understood.

This Authorization for the Administration of Student Medication Release form is subject to:

1. The parent/legal guardian providing the medication prescribed by the student's physician and specific instructions pertaining to the administration of that medication (see Physician Information).
2. The parent/legal guardian repeating and updating this instruction if:
 - (a) The student's medical condition changes; and/or
 - (b) The medication requirements change.
3. The parent/legal guardian understanding that, should a medical emergency arise, the employees or agents of Webber Academy are to summon medical practitioners or paramedics for assistance and that the parent/legal guardian is financially responsible for such emergency medical assistance.

I hereby declare that I have read and understood the information contained on this form and the "Use of Personal Information" and the information I have provided is correct.

Date: _____ Parent/Guardian Signature _____

NOTE: The responsibility for updating the medication schedule rests with the parents.

Please complete and return to the front office before Wednesday, June 1, 2011

