



2011-2012 ONGOING MEDICATION RELEASE FORM

Please complete one copy of this form for each child attending Summit in the '11-'12 academic year. In order for us to dispense any medication to your child, you must read and complete the following form.

Student's Name

Date of Birth

- ALL MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY BOTTLE WITH LABEL CLEARLY GIVING INSTRUCTIONS (including non-prescription medications)
NOT MORE THAN ONE MONTH'S WORTH OF MEDICATION IN THE BOTTLE (except for "as needed medications" i.e. Tylenol etc.)
MEDICATIONS MUST BE BROUGHT TO THE HEALTH OFFICE BY A PARENT/GUARDIAN OR A RESPONSIBLE APPOINTED ADULT. Medication may be received by a designated administrator, ONLY if the Nurse or Head of School is not available.
MEDICATION WILL BE DISPENSED ONCE A DAY UNLESS ARRANGEMENTS ARE MADE WITH THE NURSE.
For medication (i.e. antibiotics) to be given for ten (10) days or less, parents must bring a signed letter from the child's physician to the School Nurse. For administration of ongoing medications, parents must complete PARTS ONE (1) and TWO (2) below.

PART ONE: TO BE COMPLETED BY PARENT/GUARDIAN - ONGOING MEDICATION

I, Parent/Guardian, hereby give my consent for my child, Student Name,

to take or be administered the following medication (list medication, dose, frequency, and from what date- to what date)

according to Physician's order. I hereby release and hold blameless The Summit Montessori School and its trustees, officers, and employees for any injury that may arise from the administration of the above authorized medication. I have read and understand the above information regarding the delivery and administration of medication at the Summit Montessori School.

Parent/Guardian Signature

Date

Telephone

Reason for Medication:

PART TWO: TO BE COMPLETED BY PHYSICIAN - ONGOING MEDICATION

Name of Medication, dose and frequency:

Reason for medication:

Possible side effects of medication:

I, Physician Name - Please Print, assume responsibility for medication given and direct it to be administered to

Student Name from Beginning Date to Ending Date

Check here for non-prescription, "prn" medication Duration of school year 2011-2012

M.D. Signature

Date