



Release for Dispensing of Medication

In the past, there have been innumerable times when students have reported to the school nurse complaining of a headache, sore throat, or cough. Most times Tylenol, Motrin or cough drops can be administered and the student can return to his/her classroom and complete the school day. Therefore, we are sending release to each family giving you the opportunity to grant your written permission for the school nurse to dispense the appropriate medications.

The “stock” medication, which will be kept in the nurse’s office and dispensed, will be (over – the – counter medications):

- Tylenol or Motrin**
- Benadryl 2% cream for itch relief**
- Triple Antibiotic/Neosporin Pain Relief**
- Tums antacid tablets**
- Cough drops**

We, the undersigned parent and/or guardian of :

Child’s Name (*Please Print*)

Date of Birth

Grade

Weight

do hereby and execute this release on behalf of us and on behalf of our minor son/daughter/ward. We hereby waive any liability whatever to The Grosse Pointe Academy or any of its personnel, that might occur as the result of giving said medication per manufacturer dosage instructions to our minor son/daughter/ward. I agree to indemnify and hold harmless The Grosse Pointe Academy, and its affiliated entities, successors and assigns, directors, officers, trustees, employees, agents, and representatives, including volunteers, from any and all claims, including negligence, which may be asserted by my child or me, or on behalf of my child, arising from or relating to the Academy’s administration of medication in accordance with the above directives.

Parent’s Signature

Date

Print Parent’s Name

Please note: Medications cannot be dispensed to any student without the above indicated written permission. If you prefer your child to receive another medication other than the medications listed above, the parent must provide it, and also complete the reverse side of this form.

**Please complete this form and return to the School Office on or prior to the first day of school.
See reverse and complete applicable**

Permission Form for Prescribed Medication

To be completed by Parent or Guardian:

Name of Medication: _____

Reason for Medication: _____

Form of Medication/Treatment:

Tablet/Capsule Liquid Inhaler

Instructions: (Schedule, dose, and duration to be given at school)

Restrictions and/or important side effects: None anticipated

Yes, please describe:

Special Storage Requirements: None Refrigerate

This student may carry medication: No Yes

(The school policy does not permit children to self-medicate EXCEPT for the use of inhalers for asthma or Epi Pen for several allergies. Similarly, we recommend sending an extra inhaler to be stored in the nurse's office in case the child has lost or misplaced his/her inhaler. 2 Epi Pens are still required to be stored on campus.)

Physician's Name: _____

Phone Number: _____

I request that (name of child) _____ receive the above medication at school according to standard school policy. I understand that I must send the medication to school in the pharmacy bottle/container labeled with your child's name, name of the medication, dosage, and times for administration. I assume all risk of any sickness, injury, and/or reaction sustained as a result of my instructions. We hereby waive any liability, claims, losses, and expenses whatever to The Grosse Pointe Academy or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter ward.

Parent's Signature: _____

Date: _____