



MEDICATION RELEASE FORM

Name of Student: \_\_\_\_\_

Medication : \_\_\_\_\_ Dosage: \_\_\_\_\_ (amount and times )

Medication : \_\_\_\_\_ Dosage: \_\_\_\_\_ (amount and times )

Medication : \_\_\_\_\_ Dosage: \_\_\_\_\_ (amount and times )

Special instructions (including any special storage requirements and noting any side effect(s) of which the school should be aware)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for medication: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Date of RX: \_\_\_\_\_

PARENTAL CONSENT AND WAIVER

I hereby give my permission for my child \_\_\_\_\_ in the \_\_\_\_\_ grade to take the above prescribed medication at school.

I hereby give my permission for my child \_\_\_\_\_ in the \_\_\_\_\_ grade to take non - prescription medication to be given by a school representative and listed below

Tylenol

Benadryl

Advil

Anti-itch cream

Neosporin

Saline solution for eyes

Cough Drop

WAIVER OF LIABILITY

I understand that Seacoast Christian Academy will administer only the prescribed medication mentioned above. I hereby waive any and all claims against the Seacoast Christian Academy, and agree to hold the Seacoast Christian Academy harmless from any and all liability, which may arise in connection with my child's use of the medication.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date