



**MEDICATION RELEASE FORM**

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

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

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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 (named above) take the above prescribed medication at school. This medication will be kept at the front desk and taken under school representative supervision.

I hereby give my permission for my child (named above) to take non -prescription medication to be taken under school representative supervision 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