



10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures may be used to record administration of medication to children.

INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child: _____

Child's condition for administering medication: _____

Name of medication/procedure _____

_____ Prescription _____ Non-Prescription _____ Doctor's approval required

Amount to be administered _____

Time(s) to be administered _____

Dates to be administered From _____ To _____

Refrigeration necessary _____ Yes _____ No

Special Instructions _____

Possible adverse reactions: _____

I authorize the administration of medication to my child.

Parent's Signature

Date

All prescription medication must have physician authorization!

I authorize the following prescription medication to be administered as instructed above for this patient.

Physician Signature: _____ **Date:** _____

Physician Name: _____ **Phone:** _____

In consideration of the above named child being allowed to participate in the Jointure's program, I, the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____