



**Medication Authorization and Liability Release
For Elementary Students
School Year 2008-09**

****Please keep this information page handy throughout the school year.****

Please make every effort to avoid sending medications to school for your child unless it is absolutely necessary. If your child requires a prescription or non-prescription medication during the school day (including any over-the-counter creams, ointments or lotions), please have your child's physician provide the school with the following information: patient's name, date of order, name of medication, dosage, time and administration at school, and, if applicable, any reactions that can be expected or storage instructions.

An adult must bring the physician's order with the child's medication directly to the school office. (Signed physician's orders can also be faxed to the elementary school at 781-793-0654.) Medication cannot be sent to school in the child's backpack or lunchbox. Medication must be in the original or duplicate box or bottle (NO MEDICATION SAMPLES OR ZIPLOCK BAGS). Prescription medication must have the current pharmacy prescription label on the container. Your pharmacy will provide a duplicate bottle if you ask for one.

The elementary school office has a supply of acetaminophen (pain reliever and fever reducer) and Benadryl (antihistamine for allergic reactions only). If you anticipate that your child will have need of any of these non-prescription medicines, please check where indicated on the attached form. Otherwise no medication will be administered. You will be notified by the office before we administer any medication. If your child requires acetaminophen for more than two days, a physician's orders will be required before we administer any medication.

Any medication left in the school office, which is not picked up within one week after the end of the prescribed administration period or following the end of school, will be discarded.



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Parent Signature:

I/We hereby give permission for Striar Hebrew Academy to administer medication according to my physician's written instructions during the school day to my child.

Please check if desired:

In addition, I/We hereby give permission for Striar Hebrew Academy to administer acetaminophen or diphenhydramine/Benadryl during the school day to my child, should my child have need of such medication. I/we understand that I/we will be notified by the office before the school administers any medication.

I/We do hereby release, discharge and agree to indemnify and hold harmless the Striar Hebrew Academy, its agents, servants and employees from any and all claims, suits, or demands of any kind whatsoever, including negligent conduct made either by me/us or in behalf of the said child with respect to the administration of medication to such child. It is my/our intention that neither the Striar Hebrew Academy nor any of its agents, servants, or employees shall be held accountable for any adverse consequences of any kind whatsoever arising out of the administration of medication.

CHILD'S NAME (print) _____ Grade _____

PARENT NAME (print) _____ Daytime phone _____

PARENT SIGNATURE _____

DATE: _____