



**Medication Authorization and Liability Release
for Preschool Students
School Year 2008-09**

I/We hereby give permission for Striar Hebrew Academy to administer prescription and non-prescription medications, including topical lotions, to my child during the school day, according to my physician's written instructions (refer to Medication Authorization Guidelines).

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) _____ Class: _____

PARENT NAME (print) _____ Daytime phone: _____

PARENT SIGNATURE _____

DATE: _____