

# Chester Academy Permission for Medication

Name of student \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Drug allergies \_\_\_\_\_

Medication \_\_\_\_\_ Dosage/Route/Frequency \_\_\_\_\_

Purpose of medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Severe Reaction: \_\_\_\_\_

If no response to treatment, call parents

This order is effective until: \_\_\_\_\_

For Grades 5-8:  May carry own inhaler  May not carry own inhaler  
 May carry own Epi-pen  May not carry own Epi-pen

\_\_\_\_\_  
Date                                      Signature of Physician                                      Telephone #

**PARENTAL PERMISSION – “HOLD HARMLESS STATEMENT”**

We, the parents/guardians, authorize the School Administrator to direct members of the school staff to assist our child in taking oral medication and/or medicine by injection, and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parents/guardians) and the School Administrator to assist our child in taking the prescribed medications according to the directions indicated above.

\_\_\_\_\_  
Date                                      Signature of Parent or Guardian

\_\_\_\_\_  
Telephone # - Home                                      Telephone # - Cell                                      Telephone # - Work

**Note:** Prescription medication is to be brought to school in a container appropriately labeled by the pharmacy, or physician, stating the name of the medication and the dosage.

Over the counter medications must be in an **unopened** container labeled with the child’s name and grade.