

CRANBERRY AREA SCHOOL DISTRICT
Permission Form for Prescribed Medication
Fax: High School (814) 676-5156 Elementary (814) 677-9957

Student Name: _____ Date form received by school: _____

Date of birth or age: _____

Grade: _____ Teacher/Classroom: _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

Reason for medication: _____

Name of medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Nebulizer Other

Instructions (schedule and doses to be give at school): _____

Start: date form received Other date: _____

Stop: end of school year Other date/duration: _____

For episodic/emergency events only

Restrictions and/or important side effects: None Anticipated

Yes Please describe: _____

Special storage requirements: None Refrigerate Other _____

This student is both capable and responsible for self-administering this medication:

No Yes-Supervised Yes-Unsupervised

This student may carry this medication: No Yes

Please indicate if you have provided additional information as an attachment.

Physician Name:
Address:
Phone Number:

Physician Signature: _____

To the school: Please report concerns about medications or disease to the above physician.

To be completed by parent/guardian

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy.

* ALL SCHOOLS REQUIRE **PARENT/GUARDIAN** TO BRING THE MEDICATION IN ORIGINAL CONTAINER *

Date: _____ Signature: _____ Relationship: _____

RELEASE AND INDEMNITY AGREEMENT

The undersigned being the parents and/or legal guardian(s) of _____ , a student in the Cranberry Area School District, have requested that the District, through its employees, assist in the administration of medication prescribed by the student's physician and required by the physician to be taken by the student during the school day. The undersigned have provided or agreed to provide to the district, as a part of this agreement, the medication to be administered and recognize that the responsibility to provide the properly prescribed medication and proper instructions for its use rests solely with them, their physician and their pharmacist. The undersigned further recognized that the employees of the District are not trained to perform this function and are subject to distraction and other demands for their attention; and that the District is under no obligation or duty to render the assistance requested. In consideration of the District's willingness to render the assistance requested, and with recognition of the above noted understandings:

The undersigned on behalf of themselves and the above named student, hereby release and forever discharge the Cranberry Area School District, its Board of Directors, individually and in their official capacities; the Superintendent of Schools and administrators, teachers, nurses, aides and all employees of the Cranberry Area School District and all their heirs, executors, administrators, insurers, successors and assigns, for and from any and all liability, claims, demands, controversies, damages, actions and causes of action on account of person injuries and any and all other loss and damage of every kind and nature which may result on hereafter results from the administration of any medication to the above named student by employees of the District; and

The undersigned further agree to indemnify and same harmless the Cranberry Area School District; its Board of Directors, individually and in their official capacities; the Superintendent of Schools and administrators, teachers, nurses, aides and all employees of the Cranberry Area School District and all their heirs, executors, administrators, insurers, successors and assigns, for and from any and all costs, damages, attorney's fees, settlements, judgments, and expenses which might be incurred by any of them as a result of any claims made or threatened by either the above named student, or the undersigned, as a result in whole or in part from the administering of any medication by any employee of the District.

The undersigned have read this Release and Indemnity Agreement, understanding its purpose and terms, and agree to same, and have affixed their hands and seals this ____ day of _____, 20 ____, intending to be legally bound thereby.

FOR THE CRANBERRY SCHOOL DISTRICT

Signature of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____