

**Erie First Christian Academy**  
**School Year 20 \_\_\_\_ -20 \_\_\_\_**

**Parental-Physician Consent and Authorization  
For Dispensing Medication in School**

**I hereby authorize the school nurse or designee to administer the medication:**

Name of Medication \_\_\_\_\_ Time \_\_\_\_\_ Dosage \_\_\_\_\_

Prescribed by Dr. \_\_\_\_\_ to my son/daughter \_\_\_\_\_  
(name of student)

Other medications currently taken at home: \_\_\_\_\_

I also understand that it is my responsibility to notify the school should the medication or dosage be changed and obtain for the school a new order from the doctor.

**Waiver and Release of Liability**

On behalf of myself and minor child, \_\_\_\_\_, I give permission for the Erie First Christian Academy employees to give my child medication and/or treatment as prescribed by his/her physician during school hours or a scheduled school activity.

I agree to waive the EFCA, their administrators, representatives, and employees from any and all liability, claims, demands, and causes of action arising out of or in any way connected with the giving of the prescribed medication or treatment during school hours or scheduled school activities, and specifically waive and release any claim for acts of negligence by employees of EFCA.

Furthermore, as parent or guardian of the minor child to receive prescribed medication and/or treatment, the undersigned hereby expressly agrees to indemnify and forever hold harmless Erie First Christian Academy, administrators, representatives, and employees against loss or any claims, demands, or causes of action that might be brought by the minor or on his/her behalf to defray damages incurred by the taking of the prescribed medication and/or treatment given by EFCA during regularly scheduled school hours or activities. As parent or guardian, I hereby waive all exemption rights under all state laws against any claims for reimbursements or indemnification.

Date \_\_\_\_\_ Signed, \_\_\_\_\_

\* \* \* \* \*

\_\_\_\_\_ is a patient of mine, who at the present time is taking \_\_\_\_\_  
(name of patient) (medication prescribed)

Due to \_\_\_\_\_. He/she should have \_\_\_\_\_ given to him/her \_\_\_\_\_  
times during the school day at \_\_\_\_\_.  
(time to be given)

Remarks—(adverse reactions may be) \_\_\_\_\_

Date \_\_\_\_\_ Signed, Dr. \_\_\_\_\_