



To be completed by the child's parent/guardian and physician. A new form must be completed every school year. This form is needed not only for prescribed medication but also for **PRE-SCHOOL CHILDREN to be able to take over-the-counter medication (Tylenol, ibuprofen, etc.)**

**Parent/guardian please fill out this section:**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Grade: \_\_\_\_\_ Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Physician please fill out this section:**

Physician's printed name: \_\_\_\_\_  
Office Address: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Emergency Call Number: \_\_\_\_\_  
Medication Names: \_\_\_\_\_  
Purpose: \_\_\_\_\_  
Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_  
Time medication is to be administered or under what circumstances: \_\_\_\_\_  
If Prescription, Date: \_\_\_\_\_ Discontinue Date: \_\_\_\_\_  
Diagnosis requiring medication: \_\_\_\_\_  
Expected side effects, if any: \_\_\_\_\_  
Other medications student is receiving: \_\_\_\_\_  
Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For parents/guardians:**

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the Soille San Diego Hebrew Day School and its employees, in my behalf, to administer or attempt to administer to my child, lawfully prescribed medication or over the counter medication, in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed other than the school nurse and specifically consent to such practices,** and

I agree to indemnify and hold harmless the Soille San Diego Hebrew Day School and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_