

To be completed by the child's parent/guardian and physician. A new form must be completed every school year. This form is needed for prescribed medication for K-8th grade students. We do not give any medication to preschool students.

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 San Diego Hebrew Day 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 San Diego Hebrew Day 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: _____