

Bethel Lutheran School

Preschool & Elementary

10181 Finch Avenue, Cupertino, CA 95014 (408) 252-8512

Parent Release for the Administration of Medication at School

(A note from the physician(s) must be attached to this form)

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendations as nearly as possible at school, just as does a parent at home or any other person (not necessarily a nurse) if the physician requests his/her assistance. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its personnel free from any or all suit which might arise out of these arrangements. It is understood that the school is not legally obligated to administer medication to my child and, therefore, I agree to hold the school and its employees from any and all responsibility for the results of such medication or the manner in which it is administered and to identify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

I/We the parent(s) of _____, request that medicine be administered to our child by a member of the school staff in accordance with the instructions of our physician, Dr. _____. I/We will notify the school immediately if we change physicians or if the medication is changed.

Signature of Parent or Guardian

Date

Student's Name: _____ Grade/Class _____

Above named student to be given: Medicine: _____ Dosage: _____ Times: _____ AM _____ PM On these dates: Begin: ____ / ____ / ____ End: ____ / ____ / ____	Above named student to be given: Medicine: _____ Dosage: _____ Times: _____ AM _____ PM On these dates: Begin: ____ / ____ / ____ End: ____ / ____ / ____
Above named student to be given: Medicine: _____ Dosage: _____ Times: _____ AM _____ PM On these dates: Begin: ____ / ____ / ____ End: ____ / ____ / ____	Above named student to be given: Medicine: _____ Dosage: _____ Times: _____ AM _____ PM On these dates: Begin: ____ / ____ / ____ End: ____ / ____ / ____