

# Winona Christian School

## MEDICATION AUTHORIZATION Release and Indemnification Agreement

### PART I

I hereby request Winona Christian School personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless Winona Christian School and staff members from lawsuits, claim expense, demand or action, etc. against them for helping this student use medication provided Winona Christian School staff members comply with the physician or parent or guardian orders set forth in accordance with the provisions below. I have read the procedures outlined and assume responsibility as required.

**Medication - If the medication is new, the first dose must be given at home to assure that the student does not have a negative reaction.**

**First dose was given: Date: \_\_\_\_\_ Time: \_\_\_\_\_**

**Student \_\_\_\_\_**  
**Last (Please Print) First M.I**

**No Winona Christian School employee shall administer medication or treatment, unless the Headmaster or his/her designee has personally reviewed all the required clearances.**

### Part II

**Parent or guardian to complete and sign for the over-the-counter medications for relief of symptoms for headache, muscle ache, orthodontic pain, or menstrual cramps and for antibiotic and antiviral medication. Physician must complete and sign for all other medications.**

**Diagnosis: \_\_\_\_\_**

**Medication: \_\_\_\_\_**

**If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given:**

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**Dosage to be given at school:** \_\_\_\_\_

**Time(s) or interval between times to be given:** \_\_\_\_\_

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**Effective Date:**

**Current School Year** \_\_\_\_\_ **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**If the student is taking more than one medication at school, list sequences in which medications are to be taken:**

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\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Principal or Principal Designee Signature**

\_\_\_\_\_  
**Date**

## **PARENT INFORMATION ABOUT MEDICATION PROCEDURES**

- 1. Medications should be taken at home whenever possible in order that the student not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have a parent or guardian signed authorization; some medications require physician orders. Medication must be kept in the school-approved location during school. The parent or guardian must transport medications to and from school, except a high school student may carry an over-the-counter medication to and from school.**
- 2. No medication may be accepted by school personnel without complete and appropriate medication forms.**
- 3. A physician's stationary or prescription pad should include the following information written in lay language with no abbreviations:**
  - **Name of student**
  - **Date of birth**
  - **Reason for medication or diagnosis**
  - **Name of medication**
  - **Exact dosage to be taken in school**
  - **Time to take medication and frequency or exact time interval dosage is to be administered.**
  - **Sequence in which the medications should be taken in cases where more than one medication is prescribed.**
  - **If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. (Repeat as necessary" is unacceptable).**
  - **Duration of medication order or effective dates.**
  - **Physician's signature.**
  - **Date.**
- 4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:**
  - **Name of student**
  - **Exact dosage to be taken in school**
  - **Frequency or time interval dosage is to be administered.**
- 5. The first dose of any new medication must be given at home.**

- 6. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.**
- 7. Medication kept in the school will be stored in a locked area accessible only by authorized personnel.**
- 8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any used portion of the medication. Medications not claimed within that period will be destroyed.**
- 9. Winona Christian School does not assume responsibility for authorized medication taken independently by the student himself or herself.**