Episcopal Day School
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episcopal
DAY SCHOOL

Authorization for Assisted Student Self-Administration of NON-Prescription Medication
2018-2019

Student's Name (Last, First) Birth Date Grade

Parent/Guardian Address Cell phone# Work phone#

Medications Provided for Assisted Student Self-Administration:

MEDICATION DOSAGE AMOUNT

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MEDICATION DOSAGE AMOUNT

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated according to the condition /symptoms described while in school or while participating in school activities away from the school site.

I understand that:

- The policies and procedures employed for assisting student self-administration of non-prescription medications are consistent with the recommendations of Escambia County Health Department.
- A separate authorization form must be filled out for EACH student.
- There is no liability on the part of the school, its personnel, or agents, including Escambia County Health Department personnel, for civil damages as a result of the administration of this medication to my child when the person assisting the student with self-administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.
- OTC medications will be brought from home and labeled with student's name as designated on this authorization.
- I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school.
- Students are not allowed to bring or carry any over-the-counter medications to school or school-sponsored activities

Parent/Guardian Signature:_____ Date:_____