

**Barnard After School**

**PERMISSION FOR THE DISPENSING OF MEDICATION**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

is required by Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to take the following medication(s):

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

Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage:\_\_\_\_\_\_\_\_\_\_\_\_\_

Time Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Method of taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method of taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates medication is needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates medication is needed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for medication:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Possible Adverse Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_ Possible Adverse Reactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MD’s telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s cell/emergency telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other emergency contact name and telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription medications must be accompanied by a written order from the prescribing physician and must be in the original container with the prescription label. Dosage should not exceed that which is needed for child’s time at the After School program.

The medication must be delivered to School staff or the Program Director by the parent or guardian. Children are not allowed to carry medication.

Over-the-counter medications that are deemed necessary by the parent or guardian and the program staff (i.e. aspirin) require written permission of the parent only. The medication must be in the original container and a medication permission form completed.

**I, the parent, authorize the Barnard Academy Nurse or any member of the Barnard After School staff so designated by the Program Director to assist\* my child in taking the above stated medication.**

**I, the parent or guardian, agree by signing this request form and the “HOLD HARMLESS” statement that follows: I will not hold liable any member of the Barnard After School staff who assists my child in the taking of the above medication.**

\*assist means having the required medication available to the child as directed and observing the child as he/she takes or does not take his/her medication.

**Special Consideration for Epi-Pens:**

**I further acknowledge by signing this waiver that I have trained the Barnard After School staff caring for my child in the proper technique for assisting with administering epinephrine. I am confident that my child and his/her teachers know how to use the epi-pen appropriately.**

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_