

PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOL AND OFF SITE EVENTS/RETREATS
RELEASE AGREEMENT AND PHYSICIAN'S SIGNED ORDER

The undersigned parent(s) or guardian(s) of _____
hereby request personnel employed by Congregation Har HaShem to see that said child receives
_____ at _____ (Time)
_____ as described by prescribing physician.

It is required by Congregation Har HaShem as a condition to its agreement to administer any medication, that the medicine has been prescribed by a physician or dentist and that it has been furnished by the parent(s) or guardian(s) of the student with an appropriate label stating the child's first and last name, name of the medicine, times at which medication is to be administered, the dosage and the date when the medication is to be stopped. It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent(s) or guardian(s). In consideration of the acceptance of the request to perform this service by an personnel employed by Congregation Har HaShem, the undersigned parent(s) or guardian(s) hereby agree(s) to release the said institution and their personnel from any legal claim(s) which they now have or may hereafter have arising out of the administration of (or failure to administer) the medication to the student.

Dated this _____ day of _____ year _____

Signature of Parent or Guardian _____ Name of Physician or Dentist prescribing medication _____

PHYSICIAN'S SIGNED ORDER FOR MEDICATION AT SCHOOL

Student's Name _____ medication(s) _____
Route of administration _____ Dosage (total mg/dose) _____
to be given at _____ (Time) from _____ (Date) to _____ (Date)
Purpose of medication _____ Possible side effects _____

Physician's Signature _____ Date _____

For inhalers & EpiPens only: Doctor, please sign below to give permission for student to carry and self-administer the inhaler and/or EpiPen ordered on this form.

Physician's Signature & Date