HEALTH CARE PROVIDER'S SIGNED ORDER TO CARRY MEDICINE AT SCHOOL AND OFF SITE EVENTS/RETREATS

RELEASE AGREEMENT AND PHYSICIAN'S SIGNED ORDER

The undersigned parent(s) or guardian(s) of _____
hereby acknowledge and give permission for said child to carry and self-administer

_____ at _____ as described by prescribing physician.
(Name of Medication) (Time)

It is required by Congregation Har HaShem 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 the appropriate label stating the child's first and last name, name of the medicine, times at which the medication is to be taken, the dosage and the date when the medication is to be stopped.
It is understood that said child is capable to self-administer the medication without assistance from personnel employed by Congregation Har HaShem. In consideration of the acceptance of the request to allow said child to carry and use medication within the premise of 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 self-administration of (or failure to) child's personal medication.

Dated this _____ day of _____ year _____

_____ _____
Signature of Parent or Guardian Name of Physician or Dentist Prescribing Medication

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PHYSICIAN'S SIGNED ORDER OR MEDICINE AT SCHOOL

Student's Name _____ Medication(s) _____

Route of Administration _____ Dosage (total mg/dose) _____

to be self-administered by child _____ from _____ to _____ .
(Time) (Date) (Date)

Purpose of Medication _____ Possible Side Effects _____

_____ _____
Physician's Signature Date

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

_____
Physician's Signature & Date