



**PERMISSION FOR ADMINISTRATION OF MEDICATION**

**Name of Student:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Parents:** \_\_\_\_\_

**Parents' Home Number:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**School: SUMNER ACADEMY Phone: 615-452-1914 Fax: 615-452-1923**

**School Contacts: Hannah Martin or Michele Wright**

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

**Purpose of Medication:** \_\_\_\_\_

**Time of Day Medication is to be administered:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**Anticipated number of days prescription needs to be given at school:** \_\_\_\_\_

\*\*\*\*\***FOR PRESCRIPTION DRUGS ONLY**\*\*\*\*\*

**Name of Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**

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

\*\*\*\*\*

**Prescription Drugs**

A licensed prescriber must prescribe all prescription drugs given at school. All prescription medication must be brought to school in the original, pharmacy labeled container. The container must display the child's name, prescription number, medication name and dosage, administration route or other directions, date, licensed prescribers name, pharmacy name, address and phone number.

**Non-Prescription Drugs**

All non-prescription drugs must be brought to school in the manufacture's original label with the ingredients listed and the child's name affixed.

**NOTE: Sumner Academy will not accept any medication sent to school in a ziplock bag or other unauthorized container.**

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed at Sumner Academy, the undersigned parent or guardian hereby agrees to release Sumner Academy and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication of the student.

**I hereby give my permission for \_\_\_\_\_ to take the above prescription medication as ordered. I understand that it is my responsibility to furnish this medication.**

\_\_\_\_\_  
**Signature of Parent**

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