

Parent's Request to Administer Medication at School/Camp Prescription or Non Prescription

If you would like Butler School/Camp to administer medication to your child at school or camp, the parent(s)/guardian must follow the instructions outlined below, complete the parent section, have the child's physician sign the order and then be sure to sign again at the bottom of the page.

Parent's Section

The medication furnished by the parent(s) or guardian must be in a container labeled by the pharmacist or physician and include the following information:

- The name of the child
- The name of the medication
- Conditions for proper storage
- Dosage, route and time
- The name of the physician
- Prescription date and expiration date

The Covenant not to Sue and Indemnification Agreement:

I, _____, being over 21 years of age, parent/ guardian of _____ a minor whose

date of birth is _____, in accordance with physicians order(below) on file, with Butler School, its agents, servants and employees, promise that neither said minor nor we individually or as parent or guardian of said minor, will ever institute any suit for damages, loss or injury either to person or property or both, whether developed or undeveloped, resulting known or unknown, which said minor or we individually , or as parents or guardians of said minor, now have or which we, our or heirs, executors or administrators, hereafter can, shall or may have for on or by any reason of any matter, cause or thing whatsoever.

And in further consideration of said services made to us, individually and on behalf of said minor, we hereby agree to indemnify and save harmless the Board of Directors of Butler School it's agents, servants and employees any claim for damages, compensation or otherwise on the part of said minor or his heirs, executors or administrators and to reimburse or make good any loss or damages or costs that they may have to pay if any litigation arises on account of any claims made by said minor or anyone on his behalf.

I agree to hold Butler School harmless as described in the two paragraphs above.

In witness whereof, we hereunto set our hands and seals this medication _____ day of _____, 20____

Parent or Guardian: _____ Parent or Guardian: _____

Physician's Section

Name of Student/Camper: _____ DOB: ____/____/____

Diagnosis: _____

Name of Medication: _____

Dosage : _____ (mg. ml, ml/tsp, #of puffs)

Route: _____ Time of Administration at School/Camp: _____

If PRN, for what symptoms? _____ How often? _____

Please list any specific precautions personnel should be aware of or any unusual effects that might be observed.

Services should begin (Date) _____ and terminate (Date) _____

FOR INHALER AND EPI-PEN MEDICATION ONLY:

_____ It has been determined that this student/camper is able to self - administer and carry inhalant medication or Epi-pen and has been trained in it's use including knowing when the medication is to be used.

_____ This student should not self -administer inhalant medication or Epi - pen.

Physician's Signature: _____ Physician's Name (Printed): _____

Address: _____

Telephone Number: _____ Date _____

Parent's Signature Required

We assure that the first dose of this medication has been given without problems and having read the above conditions, we request that

Butler School personnel administer the medication as prescribed by Physician above to our child _____.

Parent/Guardian: _____ Parent/Guardian: _____