

<b>Student Name</b>		

Grade \_\_\_\_

בית מדרש צוריאל

## **Authorization to Administer Prescribed Medication 2015-2016**

## **Medication Policy**

Any child needing medication during the school day is to receive it from the school nurse. Students are not to carry medication with them except for emergency medications such as inhalers and Epi-Pens, with the knowledge and agreement of the parent, physician and school nurse. During field trips, special permission will be asked of parents to allow teachers or designated medical volunteers to dispense medication. Upper School students are encouraged to carry their Epi-Pen or inhaler with them at school. They will be REQUIRED to carry their Epi-Pen or inhaler on all off campus activities. Epi-Pens and inhalers need to be kept in the Health Room as well as carried, for the student's safety.

## To Be Completed By Parent/Guardian

I hereby request and authorize the Charles E. Smith Jewish Day School personnel to administer prescribed medication as directed by the physician. I agree to release, indemnify and hold harmless CESJDS and any of its officers, staff members or agents from lawsuit, claim, demand or action, etc. against them for administering prescribed medication to this student, provided CESJDS staff are following the physician's orders.

I have read the procedures outlined and assume the responsibilities as required. I give permission for my child

to carry his/her own Epi-Pen or Inhaler (if applicable). Parent/Guardian Signature Phone Date To Be Completed by Physician Diagnosis Medication Dosage Time(s) to be administered PRN medication indications Side effects I authorize the above medication. I give permission for this student to carry his/her own Epi-Pen or Inhaler (if applicable). Physician's Signature Physician's Name Phone Date

Please return forms to your child's campus: Lower School: 1901 E. Jefferson St., Rockville, MD 20852 Fax: 301-984-7834

Upper School: 11710 Hunters Lane, Rockville, MD 20852 Fax: 301-230-1986