

Torah School of Greater Washington
 2010 Linden Lane Silver Spring, MD 20910
 SCHOOL FAX - 301-962-9755 SCHOOL OFFICE - 301-962-8003

AUTHORIZATION TO MEDICATE - RELEASE & INDEMNIFICATION AGREEMENT

PART I - TO BE COMPLETED BY PARENT/GUARDIAN

We hereby request and authorize the Torah School to administer prescribed and nonprescription medications as directed by the physician named below. We agree to release, indemnify, and hold harmless the Torah School of Greater Washington and officers, staff or agents from lawsuit, claim, demand or action, etc. that may be brought against them for administering prescribed and non prescription medication as directed by the physician named below for this student. We have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student's Name _____	Prescription: ___ Renewal ___ New	If new, date of 1st full day's dosage at home: ___/___/___
Student's Date of Birth ___/___/___	Parent/ Guardian Signature _____	Date ___/___/___

Signature of Parent required

PART II - TO BE COMPLETED BY PHYSICIAN:

TO THE PHYSICIAN: The Torah School discourages administration of medication to students in school. Any necessary medications which possibly can be administered before or after school should be so prescribed. Medication assistants will, however, administer medication to students during school according to procedures outline on the back of this form when ABSOLUTELY necessary.

MEDICATION FOR (STUDENT'S NAME) _____	NAME OF MEDICATION _____
DOSAGE(S) & TIME(S) TO BE ADMINISTERED AT SCHOOL _____	DURATION OF MEDICATION START ___/___/___ END ___/___/___
POTENTIAL SIDE EFFECTS _____	
NAME OF PHYSICIAN (print) _____	(signature) _____
(date) ___/___/___	Diagnosis _____
	Allergies _____

PART III - TO BE COMPLETED BY SCHOOL STAFF:

___ Medication (properly labeled by pharmacists)
 ___ Over the counter medication in original container, with dosage by manufacturer.
 ___ Date any unused medication is to be collected by parent (within one week after expiration of physician's order) ___/___/___

INDEMNIFICATION AGREEMENT

I have received from _____ (parent/guardian) the items indicated above and found all to be properly completed and/or labeled.

SCHOOL PERSONNEL'S SIGNATURE _____ **DATE** ___/___/___

COMMENTS:

TORAH SCHOOL OF GREATER WASHINGTON
2010 Linden Lane Silver Spring, MD 20910
301-962-8003

DIRECTIONS

PARENTS/GUARDIANS

- A. Parents/guardians are to fill out PART I of this form, and**
- B. Send form to physician**

PHYSICIAN

- A. Physician fill out**
 - PART II, and**
 - B. RETURN to address above**
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IMPORTANT INFORMATION
School Medication Procedures

1. All medications to be taken at school (prescription or non-prescription) must be brought to our office with an Authorization to Medicate form. In no case may a student administer medication to himself/herself. Any medication (prescription and non-prescription) found in the possession of a student will be confiscated. No child should have any medicine on his/her person or in his/her lunch box/bag.
2. No medication will be administered in school or during school sponsored activities without the parent/guardian's signature and physician's signature on the AUTHORIZATION TO MEDICATE form.
3. The parent/guardian is responsible for submitting a completely new AUTHORIZATION TO MEDICATE form to the school each time there is a change of dosage or time of administration, as well as providing medication to cover for the appropriate length and dosage.
4. Parent/guardian's signature and physician's signature on a new AUTHORIZATION TO MEDICATE are required for each episode of illness and for each medication ordered.
5. All medications for students will be kept secure and accessible only to authorized administering personnel. The school assumes no responsibility for the possible loss of the medication.
6. One week after expiration of the physician's order, a parent/guardian must personally collect any unused portion of the medication. Medication not claimed within one week of expiration of the physician's order will be destroyed.
7. The Torah School of Greater Washington does not assume responsibility for prescribed medication or non-prescribed medication administered by the student to himself/herself.
8. In no case may any school staff member administer any medication, even aspirin or Tylenol, outside the framework of the procedures above.