PARENT AUTHORIZATION AND RELEASE FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

STUDENTS NAME: _____ GRADE: _____

DIAGNOSIS FOR WHICH THE MEDICATION IS PRESCRIBED: _____

_____

MEDICATION NAME: _____

DOSAGE: _____ TIME: _____ ROUTE: _____

IF DOSAGE IS AS NEEDED, THE SYMPTOMS THAT NECESSITATE ADMINISTRATION AND ALLOWABLE FREQUENCY: _____

ESTIMAGED TERMINATION DATE: _____

POSSIBLE SIDE EFFECTS: _____

"Medication" includes prescription medication, over-the-counter medication, nutritional supplements and herbal remedies. Parents are responsible for providing all medication and supplies and equipment necessary to administer the medication. No medication, including over-the-counter medications, will be given without a prescription. The medication must be current, and medication must be supplied in the original package or original prescription bottle with pharmacy label attached (ask your pharmacist to divide the medication into two bottles completely labeled: one for home and one for school). The medication must be prescribed to the student whom it will be administered, and all medication containers must include a label with the student's name, physician's name, the name of the medication, and directions for use.

I authorize and herby request that school personnel assist my child in taking this prescribed medication (as defined above) as prescribed by the child's health care provider. I agree to, and do here by release and hold KC Funding, LLC and its employees and contractors harmless from any and all claims, demands, causes of action, liability or loss of any type, because of or arising from acts or omissions with respect to this medication and agree to indemnify each of them with regard to any judgment or claim rendered against them arising out of this medication administration arrangement. I understand that my child may not have to take medication at school unless all requirements are met. I hereby give consent for the school to communicate with my child's health care provider and counsel school personnel as needed with regards to this medication.

I have read and understand the above authorization and release. I will notify the school if there is any change in medication my child is taking at school.

_____ _____

Signature of Parent or Legal Guardian Date