



Pardes Jewish Day School Medication Authorization Form

- **One form must be submitted for each medication.**
- **Medications must be in the original container, labeled by the pharmacy. The label must clearly state student's name and dosage instructions.**
- **Medications must be brought to the school office by a parent/guardian.**

Parents are required to notify school personnel in writing if a medication is changed or discontinued. It is the responsibility of the student to report to the office to receive medication.

This Section To Be Completed By The Parent

I request that my child, _____, as authorized by me and my child's physician, can be assisted in taking the medication described below at school by authorized persons.

The undersigned, on my behalf and on my child's behalf, hereby release, indemnify and hold harmless Pardes Jewish Day School and its School Board, Administrators, Teachers, Administrative Assistants and Employees from and against any and all claims, damages actions or causes resulting, arising out or connected directly with the dispensing of the medication listed below to our said child.

Parent Guardian: _____ Date: _____

This Section To Be Completed By The Physician

Diagnosis for which medication is given: _____

Name of Medicine: _____

Form: _____ Dose: _____

If medicine is to be given **daily**, at what time? _____

If medicine is to be given **as needed**, describe indications: _____

Significant side effects: _____

Restriction of activity: _____

Special Instructions: _____

Physician Signature: _____ Date: _____