



LIBERTY TECH CHARTER SCHOOL MEDICAL AUTHORIZATION FORM

If medication can be given at home before or after school hours, please do so. If medication must be given during school hours, this form must be completed and filed with the front office

STUDENT'S NAME: _____

TEACHER: _____ GRADE LEVEL: _____

I authorize Liberty Tech Charter School to assist my child in taking this medication. I understand that:

- Medications must be in the original labeled container. Pharmacists may provide two (2) labeled bottles for this purpose. Medications sent in an unlabeled container will not be given. If your child takes daily medication, please send an extra bottle to be used for field trips and after school program.
- Written permission of the parent/guardian is required for the administration of all medications.
- The parent/guardian must inform the school of any medication changes. New medication or new doses
will not be given unless a new form is completed.
- Medications must be brought to the office/clinic by the parent/guardian.

NAME OF MEDICATION: _____

DOSE: _____ ROUTE*: _____ TIMES TO BE GIVEN: _____

DATE TO DISCONTINUE MEDICATION: _____

CONDITION/ILLNESS REQUIRING MEDICATION: _____

POSSIBLE SIDE EFFECTS, IF ANY: _____

Licensed Healthcare Provider: _____

Licensed Healthcare Provider's Phone: _____

I hereby release and discharge, and further agree to indemnify, hold harmless or reimburse Avondale Education Association d/b/a The Museum School of Avondale Estates, its employees, agents, representatives and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request.

Parent/Guardian Signature

Date

*ROUTE: The method by which medication is administered, such as by mouth, injection, inhaler, etc.

