

**Parish Episcopal School**  
**For Administration of Prescription Medication**  
**By School Personnel**

1. This form is valid for the entire school year, unless otherwise indicated.
2. A **separate** release form is to be completed for **each** medication.
3. **All medication must be in the original, properly labeled container, defined by the TEA as follows:**
  - “The label affixed to the dispensing container shall bear:
    - a. **name and address of the pharmacy**
    - b. **name of patient**
    - c. **name of prescribing physician**
    - d. **name of medication**
    - e. **correct dosage and instructions for use**
4. **Any deviation from label instructions must be received in writing and signed by a parent or physician.**
5. Medications will NOT be given without written consent.
6. Medications are prepared and stored in the Nurse’s Office/clinic. Please encourage your child to take the responsibility to go to the office at the appropriate time. All efforts will be made to locate the child when necessary.
7. Children have the right to refuse medication. Parents will be notified by phone if this occurs.
8. Asthma inhalers may be kept by students and self-administered *if*:
  - a. the student is deemed sufficiently responsible (in writing) by a parent, guardian or physician
  - b. this form is on file in the nurse’s office/clinic
  - c. the **canister** has the afore mentioned “proper label” affixed

Student’s name \_\_\_\_\_ Grade \_\_\_\_\_

Condition for which medication is required: \_\_\_\_\_

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Physician’s name \_\_\_\_\_ Phone \_\_\_\_\_

Side effects to be reported: \_\_\_\_\_

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I, \_\_\_\_\_, the parent/guardian/physician of \_\_\_\_\_ request the above medication to be administered to him/her at the indicted times. I hereby waive and release the Parish Episcopal School, its trustees, Heads of School, faculty, school nurses, agents, employees, volunteers, and invitees, including parents of students assisting with any trip or activity, from any and all claims, injuries, suits, losses, damages, causes of action or other liabilities which may arise in connection with the administration or lack of administration of the foregoing medication.

\_\_\_\_\_  
signature date

**OR**

I, \_\_\_\_\_, the parent/guardian/physician of \_\_\_\_\_ do hereby deem the student to be **sufficiently responsible** to self-administer their **asthma inhaler** as needed. I further waive and release the Parish Episcopal School and all its agents from any and all claims of injury arising from the self-administration (or lack of) this medication.

\_\_\_\_\_  
signature date