



The Walden School

Montessori-based, Preschool–Grade 5

Summer Program

STUDENT MEDICATION AUTHORIZATION FORM

Student Name: _____ Date: _____

Date of Birth: _____ Grade: _____

All medication(s) should be given at home before and/or after summer program hours whenever possible. If medication must be given during school hours, the following criteria must be met. **In accordance with guidelines from the Pennsylvania Department of Health, ALL medications, both prescription and over the counter, must be accompanied by a written, signed order from a licensed prescriber.**

In addition, the parent/guardian must sign The Walden School Student Medication Authorization Form for each medication to be administered in the school. The exceptions are acetaminophen, ibuprofen, Benadryl and antibiotic ointment as these medications are covered by a standing order and permission to administer can be granted via the parent portal.

Prescription medication must be in a current pharmacy container with directions for administration from a licensed prescriber, and all over-the-counter medications must be in their original container.

Orders and medication authorization forms must be renewed every school year and any time there is a change in dosage or medication.

PARENT/GUARDIAN CONSENT:

I give permission for my child, _____, to receive the following medication ordered by a licensed prescriber for administration during the school day and/or on school-sponsored field trips:

Medication: _____

Dosage: _____

Time of Administration: _____

I/We do hereby waive, release, discharge, indemnify and/or hold harmless the said employee and school district from any and all liability for any reaction, injury, harm, and/or damage which may be caused to my/our child by reason of administering the said medication pursuant to my/our authorization herein including but not limited to negligent acts or omissions.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____