

MEDICATION AUTHORIZATION, RELEASE, AND WAIVER AGREEMENT

STUDENT NAME: _____
First Name Last Name

ENTERING GRADE: _____ **DATE OF BIRTH:** _____

The undersigned parents/legal guardians (“Parents”) of the student named above (“Student”), a student attending Academy of Our Lady of Peace (“School”), hereby affirm(s) that the following information in this Medication Authorization, Release, and Waiver Agreement (“Agreement”) is complete, true, and correct, and agree to the following terms and conditions as set forth below. Parents and School are sometimes referred to herein individually as “Party” or collectively as “Parties.”

1. Authorization to Self-Administer Medication. Parents authorize Student to carry and self-administer the medication(s)/supplies listed in this section below. Parents agree that it is Parents’ responsibility to provide Student with unexpired, properly labeled doses/supplies and to train Student to administer/use the medication(s)/supplies without supervision by School personnel. In the event that Student is unable to administer the medication(s)/supplies without assistance, Parents agree and understand that the Parent will be required to make arrangements to administer the medication accordingly. Parents acknowledge that Student is prohibited from sharing the medication(s)/supplies with other students.

Over the Counter Medication. Parents authorize student carry and self-administer over-the-counter medication during the School day and during School-sponsored field trips, activities, athletics, and events.

Prescription Medication. Parents authorize student carry and self-administer prescription medication during the School day and during School-sponsored field trips, activities, athletics, and events.

Identify any medication(s) that must be taken by Student.

NAME OF MEDICATION	DOSAGE INSTRUCTIONS	REASON FOR TAKING

Prescription Auto-Injectable Epinephrine or Inhaled Asthma Medication. Parents authorize student carry and self-administer prescription auto-injectable epinephrine or inhaled asthma medication during the School day and during School-sponsored field trips, activities, athletics, and events. **If this section is checked, Exhibit A, must be completed and executed by the Student’s authorized healthcare provider. Exhibit A is incorporated into this Agreement by this reference.**

2. DUTY TO UPDATE MEDICAL INFORMATION: Parents affirm that the information contained in this Agreement is complete, true, and correct. Parents acknowledge and agree that Parents will immediately notify School in writing information provided by Parents or Student’s physician on this Agreement changes.

3. USE OF HEALTH RECORD: Parents hereby consent to this information becoming part of Student’s educational record and give permission to School to share Student’s medical information with authorized School personnel, health care providers, or others who have a legitimate educational and/or safety interests in this information.

4. **ACKNOWLEDGEMENT OF RISK:** Parents understand and acknowledge that certain risks are inherent in taking both over-the-counter and prescription medication(s), in self-administering medication(s), including, but not limited to, mild or severe adverse physical reaction to the over-the-counter or prescription medication (including emotional/psychological harm); paralysis and brain damage; temporary and permanent injury, temporary and permanent adverse reactions, and temporary and permanent disability; and death.

5. **ASSUMPTION OF RISK:** Parents assume responsibility for all risks arising out of or relating to Student self-administering over-the-counter medication and prescription medication, whether described in Section 4 of this Agreement, known or unknown and inherent or otherwise. Parents agree that Student will also assume these risks and any other risks arising out of, or relating to Student self-administering over-the-counter medication and prescription medication, whether described in Section 4 of this Agreement, known or unknown and inherent or otherwise.

6. **RELEASE OF LIABILITY AND COVENANT NOT TO SUE:** To the fullest extent permitted by law, Parents on their own behalf and on behalf of Student voluntarily release, discharge, waive, and relinquish any and all claims, demands, and liabilities, including those that may be brought by their heirs, executors, administrations and assigns (“Claims”) against School, its officers, trustees, directors, employees, volunteers, insurers, agents, and representatives (collectively “Released Parties” and individually “Released Party”) arising out of this Agreement or relating to Student self-administering over-the-counter medication and prescription medication.

7. **INDEMNIFICATION:** To the fullest extent permitted by law, Parents, on their own behalf and on behalf of Student, shall defend, indemnify, and hold Released Parties harmless from Claims arising from Student’s self-administering of medication. This provision shall survive termination of this Agreement.

8. **SEVERABILITY:** If any provision of this Agreement is held invalid or unenforceable, the remainder of this Agreement shall nevertheless remain in full force and effect. If any provision is held invalid or unenforceable with respect to particular circumstances, it shall nevertheless remain in full force and effect in all other circumstances.

PARENTS HAVE CAREFULLY REVIEWED THIS MEDICATION AUTHORIZATION, RELEASE, AND WAIVER AGREEMENT, AFFIRM THE INFORMATION CONTAINED HEREIN IS COMPLETE, TRUE, AND CORRECT, AND FULLY UNDERSTAND ITS CONTENTS (INCLUDING THAT THIS AGREEMENT CONTAINS CERTAIN RELEASES OF LIABILITY), AND AGREE THERETO.

Unless one parent has had his/her parental rights terminated by court order, both living parents must sign this Agreement. For any questions or concerns regarding this requirement, please contact the Assistant Head of School office at 619-725-9118.

PARENT/GUARDIAN 1:

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN 2:

PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

