

Leadership Christian Academy

Parental Consent and Authorization For Dispensing Non-Prescription Medication in School

I hereby authorize the school nurse or designee to administer the medication:

Name of Medication _____ Dosage _____

Time to be Given: _____ Frequency: _____

to my son/daughter _____
(name of student)

I also understand that it is my responsibility to notify the school should the medication or dosage be changed.

Waiver and Release of Liability

On behalf of myself and minor child, _____,
I give permission for the Leadership Christian Academy employees to give my child medication listed above during school hours or a scheduled school activity.

I agree to waive the LCA, their administrators, representatives, and employees from any and all liability, claims, demands, and causes of action arising out of or in any way connected with the giving of the listed medication or treatment during school hours or scheduled school activities, and specifically waive and release any claim for acts of negligence by employees of LCA.

Furthermore, as parent or guardian of the minor child to receive medication and/or treatment, the undersigned hereby expressly agrees to indemnify and forever hold harmless Leadership Christian Academy, administrators, representatives, and employees against loss or any claims, demands, or causes of action that might be brought by the minor or on his/her behalf to defray damages incurred by the taking of the medication and/or treatment given by LCA during regularly scheduled school hours or activities. As parent or guardian, I hereby waive all exemption rights under all state laws against any claims for reimbursements or indemnification.

Date _____ Signed _____