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PERMISSION TO ADMINISTER MEDICATION

Student Name: _____ Birthdate: _____

****Medication MUST be labeled by physician or pharmacist or be in original container.*

Date of Prescription: _____ Discontinue Date: _____

Disease, Illness or Injury: _____

Medication: _____

Reason that necessitates the medication be given during school hours: _____

Daily: _____ PRN: _____ Emergency: _____

Strength: _____ Dosage: _____ Frequency: _____ Time: _____

Route of administration: _____

Intended effect of medication: _____

Side effects (from medication) student should be observed for: _____

Other medication(s) student is receiving: _____

Re-evaluation date: _____

May student self-administer medication under the supervision of Health Service personnel or designee?

Please circle one: YES NO

Directions for self-administration: _____

(OVER)

ASTHMA & ALLERGIES only:

Severity of allergy necessitates that student carry inhaler on his/her person while in school: YES NO

Severity of allergy necessitates that student carry an Epi Pen on his/her person: YES NO

Additional instructions from physician: _____

Consent of Parent or Guardian for above:

Administration of medication:

Parent/Guardian signature

Physician Signature

Emergency phone #

Physician phone #

Date

Date

Parental Waiver of Liability:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in my absence, I hereby authorize New Life Academy and its employees to administer to my child the above noted medication. I further acknowledge and agree that when the above medication is administered, I waive any claims I might have against New Life Academy and its employees arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify New Life Academy and it's employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration of said medication.

Parent's Signature

Home phone

Address

Date