

**COMMUNITY BAPTIST CHRISTIAN ACADEMY
2013-2014 School Year**

PARENTAL CONSENT FORM FOR PRESCRIBED MEDICATION/TREATMENT

Child's Name _____ Date of Birth _____
Teacher _____ Date _____
Name of Medication _____ Dose _____
Times to be Administered _____ Refrigeration _____ Yes _____ No
Diagnosis for Medication Use _____
Symptoms of Illness/Condition _____

Is the Child Allergic to this Medication/Treatment _____
Side-effects of Medication/Treatment _____
Special Instructions _____

Is the Medication Prescribed by the Physician _____
Physician's Name _____ Telephone _____
Address _____
City _____ State _____ Zip _____

We, _____, parents of _____
hereby give permission for the above medication to be administered to our child by the school nurse
and/or staff at Community Baptist Christian Academy in Somerset, New Jersey. We will notify the school
in writing if the above order is changed or if it is no longer required.

The above medication will be provided by us in the original container and will be correctly labeled.

The school has informed us in writing that the school, its employees and its agents shall incur no liability
as a result of any injury arising from the administration of the above medication.

We hereby release and hold harmless the Board, its agents, servants, and employees from any and all
liability for injuries or other damages which may result to the child, his/her servants and representatives
which may result from administration of the above medication/treatment.

Parent/Guardian's Names _____
Parent/Guardian Signature _____ Date _____