Northfield Community Nursery School

Permission to Dispense Medication
Waiver and Release of All Claims

Northfield Community Nursery School will not dispense medication to a minor child or other participant until the Permission and Waiver to Dispense Medication and Medication Information Form have been fully completed by a parent or guardian.

NAME OF PROGRAM: ____________________________ DATE: __________________

I, ______________________ (Print Name), the parent/guardian of ______________________ (Print Name)
give permission to the staff of Northfield Community Nursery School to administer to my child ____________________________________________.

(Name of Medication)

Prescription Number __________________ Dosage Amount __________________

I understand it is my responsibility to give the medication directly to the program staff in individual dosage containers, original prescription containers, or envelopes clearly labeled with the following information:

CHILD’S NAME: ____________________________

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

_________________________________________________________________

_________________________________________________________________

Starting Date __________________ Until __________________________ (ending date)

Does the child have any limitations, which will occur due to the listed medication?

If so, please explain: ______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

(OVER)
In all cases, the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to Northfield Community Nursery School to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

WAIVER & RELEASE OF ALL CLAIMS

I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to my minor child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of Northfield Community Nursery School administering medication to my minor child, I do hereby fully release or discharge Northfield Community Nursery School, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child), and arising out of, connected with, incidental to, or in any way associated with the administering of medication.

______________________________  __________________________
Signature of Parent or Guardian                  Date

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MEDICATION DISPENSING RECORD
(For Office Use Only)

For: ______________________________, Program: ______________________________

(Participant’s Name)

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