

Trinity Lutheran Early Childhood Center of Freistadt



Child's Name _____ DOB _____
 Classroom _____
 Date medication begins _____ Final date of medication _____
 Medication _____

May child self-administer medication under supervision of caregiver? YES NO

Administration Instructions (Dose/Frequency/Time to be Administered)

Intended effect of this medication _____

Possible side effects, if any _____

Discontinue/reevaluation/follow-up date _____

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of an emergency, I hereby authorize Trinity Lutheran Early Childhood Center of Freistadt and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of TLECC)), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary that the administration of medications to my child be performed by an individual other than a school nurse, and I specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against TLECC, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify TLECC, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries resulting from the administration or attempts at administration of said medication.

Parent's Signature _____ Date _____

Parent's Phone #'s

Cell _____ Work _____ Other _____