

**Please complete either or both of these forms if necessary. We will NOT distribute any medication without a signed form on file.**

**NON-PRESCRIPTION MEDICATION RELEASE**

The undersigned parents or legal guardian of the student referenced below, hereby direct Timothy Christian School administration personnel to administer non-prescription medication listed below to the student upon the following terms and conditions:

1. I understand and acknowledge that the staff of the school is not trained medical personnel and that we are requesting the school to accommodate our student in the administration of medication.
2. We do hereby release and forever discharge the school, its employees and agents from any and all liability, claims and causes of action which we or the students have or may have against the school as a result of the dispensing of medication to the student, including as a result of the failure to dispense medication or dispensing in incorrect dosages.
3. The school is authorized to withhold any medication if the student exhibits behavior or symptoms which cause the school to be concerned regarding the student's medical condition, in which event the school shall attempt to contact the parent or otherwise seek medical attention as the school deems appropriate.
4. The undersigned have read and understand and agree to the Non-Prescription Medication Policy of the school and acknowledge that we have no alternative to otherwise arrange for the administering of medication to the student.

Medication: IBUPROFEN is provided by school - anything else must be provided by parent.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**PRESCRIPTION MEDICATION RELEASE**

The undersigned parents or legal guardian of the student referenced below, hereby direct Timothy Christian School administration personnel to administer medication listed below to the student upon the following terms and conditions:

1. I understand and acknowledge that the staff of the school is not trained medical personnel and that we are requesting the school to accommodate our student in the administration of medication.
2. We do hereby release and forever discharge the school, its employees and agents from any and all liability, claims and causes of action which we or the students have or may have against the school as a result of the dispensing of medication to the student, including as a result of the failure to dispense medication or dispensing in incorrect dosages.
3. The school is authorized to withhold any medication if the student exhibits behavior or symptoms which cause the school to be concerned regarding the student's medical condition, in which event the school shall attempt to contact the parent or otherwise seek medical attention as the school deems appropriate.
4. The undersigned have read and understand and agree to the Prescription Medication Policy of the school and acknowledge that we have no alternative to otherwise arrange for the administering of medication to the student.

Medication: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_