

PEORIA ACADEMY MEDICATION INSTRUCTION/RELEASE FORM

CHILD'S NAME: _____ DATE: _____ through _____

I understand that Peoria Academy is not licensed to diagnose or treat physical ailments. I further understand and agree that any medication given to my child is a current prescription from my doctor with my child's name clearly labeled on the container. My child's ailment is not contagious and my child is not allergic to any of these medications.

Liability Waiver: I recognize and acknowledge that there are certain risks of injury relating to the administration of medicine and in consideration of the administration of the following medicines to my child(ren), I (a) consent to emergency medical care provided by ambulance or hospital personnel in the event of accident or of any and all injuries to my child(ren); and (b) agree to assume the full risk of any and all injuries to my child(ren) arising from such administration, and hereby release, discharge, hold harmless, and waive any and all claims against Peoria Academy, and their directors, officers, agents, servants, and employees as a result of such injuries. I understand that "injuries" encompasses, without limit, all physical, emotional and pecuniary damage. I authorize Peoria Academy to administer the following prescription and non-prescription medication(s) to my child(ren):

Medication	Administering Directions	Prescription/ Date	Doctor's Name Prescription	Pharmacy Special Conditions
*****	Time: Dosage: Time: Dosage:			

PARENT/GUARDIAN SIGNATURE: _____