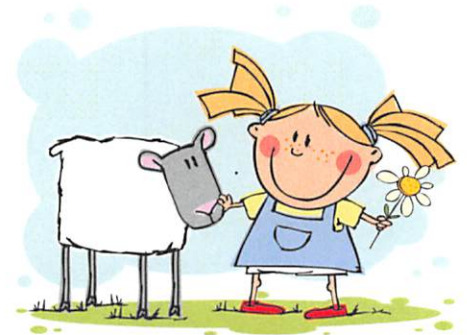


# Mission Viejo Christian Preschool

## MISSION VIEJO CHRISTIAN PRESCHOOL

PARENTAL RELEASE FOR:  
THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL



NAME OF STUDENT \_\_\_\_\_  
BIRTHDATE \_\_\_\_\_ TEACHER \_\_\_\_\_

The law allows any person to assist in carrying out a physician's recommendations as nearly as possible at school. Just as does a parent at home or any other person (not necessarily a nurse) if the physician requests his assistance. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its' personnel free from any or all suits which might arise out of these arrangements.

It is understood that the school is not legally obligated to administer medication to my child. Therefore, I agree to hold the school and its' employees free from any responsibility and liability including but not limited to negligence regarding the medication and the manner in which it was administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them. I also release MVCP from all liability for drug reactions that my child may suffer from this medication.

I request that medication be administered to my child by a member of the school staff. I will notify the school immediately if we change physicians or if the medication is changed.

I, \_\_\_\_\_; PARENT OF \_\_\_\_\_  
request that the staff administer to my child the following :

MEDICATION: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

AMOUNT : \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

If prescription medication, list medical condition being treated: \_\_\_\_\_

TIME: \_\_\_\_\_ FREQUENCY between doses if needed: \_\_\_\_\_

If above medication is: Tylenol, Motrin, Advil ect. PLEASE list complaint for which child may receive medication \_\_\_\_\_

List all ALLERGIES \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_



27192 Jeronimo Road, Mission Viejo, Ca. 92692 949-465-1952 Fax 949-581-1534

[www.mvchristianpreschool.org](http://www.mvchristianpreschool.org)

