



SILLIMAN
INSTITUTE
A Tradition of Excellence

Medication Consent Form

Student Name: _____ **DOB:** _____ **Grade:** _____

Name of medication: _____

Dosage: _____ Amount: _____ Route: _____ Time: _____

Start Date: _____ Stop Date: _____ () For episodic/emergency events only

Desired Benefits of Medication: _____

Possible Side Effects: _____

Other Medications Student Receives: _____

******Medication must be in original container******

I, the undersigned, am the parent/guardian of the above-named student and hereby acknowledge and agree to the following:

1. I authorize the staff of Silliman Institute to administer medication to my child according to the prescribed dosage and instructions provided by the above documentation.
2. I understand that the administration of medication is provided as a service and convenience to me and my child and is not a required duty of the school or its staff.
3. I hereby release and hold harmless Silliman Institute, its employees, agents and representatives from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or inquiry that results from the administration or failure to administer the medication.
4. I acknowledge that I have provided the school with all necessary information regarding my child's medical condition and medications and that I am responsible for informing the school of any changes in the prescribed medication, dosage, or administration instructions.
5. I understand that the school and its staff will make reasonable efforts to ensure the proper administration of the medication but cannot guarantee that medication will be administered at a specific time or in a specific manner.
6. I agree to indemnify and hold harmless Silliman Institute, its employees, agents and representatives from any costs or expenses incurred as a result of any claim or lawsuit related to the administration of medication to my child.
7. This release and indemnity agreement shall be binding upon my heirs, executors, administrators, and assigns.

To be completed by parent/guardian

I give permission for (name of child) _____ to receive the above medication at school according to standard school policy as noted above.

Date: _____ Signature: _____ Relationship: _____