



Permission to Administer Medication & Waiver of Liability

Name of child _____

Acknowledgements: I understand that the Waldorf School of Orange County (the "School") does not have a nurse or any other medically trained personnel on staff. Neither the School nor any of its staff assumes any legal or medical responsibility for the administration of medication.

Permission: I further understand that persons have volunteered to administer medication to my child and it is my responsibility to put into writing any medical requests and/or restrictions in order to further instruct the said volunteers in the appropriate administration of medication to my child.

Waiver of Liability. By signing this form – for myself or my child – I voluntarily release, discharge, waive and relinquish all claims that I may have against the School, its teachers, agents, employees, and volunteers, for any injury, damage, or death arising out of the School's administration of – or failure to administer – medication to my child. This waiver does not apply to any fraud or willful injury to my child.

I have read this Permission form and I am aware that by signing this document I am giving up rights and claims against the School in the event of injury to my child resulting from the administration of – or failure to administer - medication to my child.

Parent/Guardian _____

I. Prescription Medication

Diagnosis _____ Date of Examination _____

Medication Prescribed _____ Dosage _____

Schedule and Method of Administration _____

Comments _____

II. I approve the following Over the Counter Medication to be administered by staff as deemed necessary by staff in the event of a medical emergency and/or medical need:

___ Advil ___ Tylenol ___ Tums ___ Benedryl ___ Imodium A-D

___ Triple Antibiotic Ointment ___ Hydrocortisone Cream ___ Cold & Flu medication