

# ACKNOWLEDGEMENT OF MEDICATION PROCEDURES 2009/2010 SCHOOL YEAR

Dear Parents,

Please be advised that Weatherford Christian School currently does not employ a full-time nurse. In case your child needs medication during school hours, administrative staff may be asked to administer the prescribed dose. Over the counter medication will only be administered after a parent/guardian has been notified. If a parent/guardian is unable to be notified, the medication will be administered only if enrollment paperwork has been completed with the medication permission signed. All prescription medication, including inhalers, must be provided by the parent/guardian to the nurse's office accompanied by a signed medication release form provided by administrative staff indicating how the medication should be administered and the times. If a medication release form is not filled out, medication will not be given to your child so please do not send medicine with your child in the mornings. **All medications must be in their original container and properly labeled.** If you do not want to delegate the administration of medication to non-nursing personnel, you will need to come to the nurse's office to administer the medication to your child personally.

Weatherford Christian School cannot assume any responsibility for loss or negligent behavior when a student carries his/her medication without knowledge of the staff. **It is against school policy for any student to have any kind of medication in their possession or in their locker at any time.**

Weatherford Christian School, Inc., its Board of Directors and its employees shall have immunity from civil liability from damages or injuries resulting from the administering of medication to a student if the above guidelines have been followed.

Please sign acknowledgement of this letter and return it to the school office.

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Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_ Non-nursing personnel may administer medication to my child

\_\_\_\_\_ Non-nursing personnel may not administer medication to my child

\_\_\_\_\_ My child has no known allergies

\_\_\_\_\_ My child has the following allergies:

\_\_\_\_\_

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Parent / Guardian Signature

Date

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Contact #