



THE CANTERBURY EPISCOPAL SCHOOL
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www.TheCanterburySchool.org

**2011 – 2012 ADMINISTRATION OF PRESCRIPTION MEDICATION
BY SCHOOL PERSONNEL**

Completed form valid for one academic year, unless otherwise indicated.
A separate release form is required for each medication.

All medications must be in the original, properly labeled container, defined as follows:

- Name of patient
- Name of prescribing physician
- Name of medication
- Correct dosage and instructions for use
- Name and address of pharmacy

Medications are prepared and stored in the school offices.

Asthma inhalers may be kept by students and self-administered *if*:

- The student is deemed sufficiently responsible
- This form is on file in the school office
- The canister has the afore mentioned
“proper label” affixed

Student's Full name: _____ Grade: _____

Diagnosis for which medication is required: _____

Name of medication: _____ Dosage: _____ Time: _____

Physician's name: _____

Side effect to be reported: _____

I, _____, the parent/guardian of _____ request the above medication be administered to him/her at the indicated times. I hereby waive and release The Canterbury Episcopal School, its administration, faculty, board of trustees, or representatives, including parents of students assisting with any trip or activity, from any and all claims, injuries, suits, losses, damages, causes of action, or other liabilities which may arise in connection with the administration or lack of administration of the foregoing medication.

Signature of Parent/Legal Guardian

Date Signed

Or

I, _____, the parent/guardian of _____ do hereby deem the student to be *sufficiently responsible* to self-administer his/her *asthma inhaler* as needed. I further waive and release The Canterbury Episcopal School and all its agents from any and all claims of injury arising from the self-administration (or lack of) this medication.

Signature of Parent/Legal Guardian

Date Signed