Greenwood Laboratory School
Non-injectable Medication Authorization Record and Liability Release
Return this form with the properly labeled medication to the office.

Student Name: ________________________________  Grade: __________

Name of prescribed medicine: ____________________________

For treatment of: __________________________________________

Exact dosage: ____________________________________________

Time of day to be given: ________________________________

Date to begin: __________________________  Date to end: __________

Physician’s Signature __________________________  Date __________

Physician’s Phone # __________________________

Pharmacy Phone# __________________________  RX# __________

I hereby give my permission for my child, ____________________________, to take the above medication at school. I understand that school personnel who administer the medication are not trained medical personnel, and I desire that the school office personnel administer the medication as a convenience to my child and me. I understand administration of medication is potentially hazardous to my child, including allergic reaction, illness, and in the worst-case scenario, even death. I understand that school personnel are not medically trained and might not be able to identify possible negative reactions. I assume any and all risks associated with school personnel administering medication to my child, including but not limited to negative health reaction to my child. Knowing the risk, and in consideration of school personnel administering the medication as requested and authorized herein, I for myself, my child and our personal representatives, heirs and assigns, do hereby hold harmless and release, waive and discharge and covenant not to sue the Board of Governors of Missouri State University, Missouri State University, its Board members, officers and employees (hereinafter collectively referred to as “MSU”) from any and all claims or liabilities on account of the death or injury to person or property of my child or myself of any kind or nature whatsoever arising out of, or in any way connected with, the administration of medication to my child, even though the claim or liability may arise out of the negligence or carelessness on the part of MSU, or any third person, whether foreseen or unforeseen, known or unknown. I hereby expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that if any portion hereof is held invalid, it is agreed that the balance, notwithstanding, continues in full legal force and effect. I further acknowledge that I have carefully read the foregoing release and know the contents thereof and have agreed to sign this release as my own free act and deed. Also, I give the Director of Greenwood Laboratory School and its staff permission to communicate with the physician, dentist or pharmacist as needed concerning the medication.

Parent/Guardian Signature __________________________  Date __________

Daytime Phone Number __________________________

Medication disbursed:

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(Additional page for medication disbursement may be added)
Administering Medications to Students at School

Medication should be given at home if at all possible. You should discuss the practicality of time-release medications with your physician, which could eliminate the necessity to administer medications during the school day. If under exceptional circumstances, a student is required to take medication during school hours and the parent cannot be at school to administer the medication, Greenwood office personnel will administer medicine upon completion by the parent of the Non-injectable Medication Authorization Record and Liability Release form. This is a mere courtesy; therefore the school retains the right to reject the request for medication administration, or to terminate such medication administration. Medicines in unlabeled or improperly labeled containers, without complete instruction for administration will not be given at school. The parent must provide all medication and the physician’s order.

1. The student’s authorized physician shall provide a written request that the student be given medication during school hours. The request shall state the name of student, name of medication, date prescribed, purpose, dosage, frequency of administration, termination date of administering the medication and the physician’s name. When possible, the physician should state any adverse effects and any applicable emergency instructions.

2. In lieu of the physician’s written request, the school may accept a prescription label properly affixed to the medication in question for short-term medication. The label must contain the name of the student, name of drug, dosage, frequency of administration, and physician’s name.

3. Students must have a Non-injectable Medication Authorization Record and Liability Release form completed by a parent or legal guardian to receive medication.

4. Office personnel, according to the directions on the medication bottle and medication authorization form, will give medication. Upon written authorization for self-administration of medication by authorized physician, students may be allowed to take responsibility for their own medications (i.e. inhalers). In such instance, the school does not assume liability as a result of any injury arising from self-administration by student or liability as a result of any inhaler’s misuse. Parent/guardian is to bring a completed medication authorization form to the office to be kept on file.

5. The parent/guardian will supply the medication in a current properly labeled container from the pharmacy with only those doses to be given at school. Please note that the office has no refrigeration available, and therefore, medication that requires refrigeration will not be administered.

6. Selling, dispensing, or distributing any kind of medication by students may be grounds for disciplinary action, including suspension or dismissal from Greenwood Laboratory School.

Please Note: Any changes in type of medication, dosage, and/or time of administration shall be accompanied by a new order from the physician and signing of a new medication authorization form. The parent must assume responsibility for informing the school personnel of any changes in a student’s medication.

Over the Counter or Non-prescription Medication

Non-prescription medication may be administered during school hours if the medications are in their original container and the medication authorization form is signed by the parents and physician. The completed form, along with the properly labeled medication, must then be submitted to the office requesting the school’s cooperation and releasing the school personnel from liability. This authorization by physician and parent must be renewed annually.

Greenwood Laboratory School shall not provide students with Tylenol or any other medication. Deciding whether a medication is needed is a form of diagnosis and dispensing medication is a form of treatment. Unauthorized administration of unprescribed medication shall not be practiced by any school personnel.

Parent/Guardian Signature ____________________________ Date ____________ Daytime Phone # ____________

Office use only:

Medication received from: __________________________

By: __________________________ Date ____________

08/2004