Thales Academy
DEVELOPING CLASSICAL THINKERS

STUDENT MEDICATION AUTHORIZATION

Thales Academy recognizes that students may require medication during the school day to function at their highest possible potential. We also realize that the administration of medication by the student's parent or guardian, or by appropriate medical authorities, is not always possible at a specific time during the school day. In an attempt to accommodate parents when such situations arise, this form grants written permission to Thales Academy staff to administer medication to the student, pursuant to the instructions set forth below, in the presence of another adult and in compliance with the instructions of a physician or medical professional, if applicable.

Please complete one form per medication and return completed forms to your campus office manager.

This authorization shall remain in effect until: (1) the end of the school year listed below; or (2) the student withdraws from Thales Academy; or (3) an additional authorization is completed and submitted to the campus office. A new authorization form is required for each new school year.

Student Name: _____ Grade: _____

Campus: _____ School year: 20____ - 20____

Name of Medication: _____

Purpose: _____

Medication Type (check one): [ ] Prescription [ ] Over the Counter [ ] Other: _____

Dosage: _____ Frequency: _____ per _____

Time(s) of administration: _____ or [ ] As needed

Side Effects (if any): _____

_____

Additional Instructions (if any): _____

_____

I authorize Thales Academy staff to administer the above-named medication to my child as required and/or necessary during school hours. I agree to deliver this medication to the campus office in an appropriate pharmaceutical container, and I understand that the campus shall not accept medication provided in any other container or package. If the medication is prescribed by a physician, I agree to include an original label affixed by the pharmacy or physician.

I agree that neither Thales Academy, nor its directors, officers, administrators, employees or other agents shall incur any liability as a result of any injury or illness arising from the administration of said medication. I hereby acknowledge that no such liability shall exist, and on behalf of myself and the above-named student I hereby waive any such liability. Furthermore, I agree to indemnify and hold harmless Thales Academy, its directors, officers, administrators, employees or other agents against any claims whatsoever arising out of the administration or storage of said medication.

_____ _____ _____

Parent/Guardian Signature Date Phone