

INTERNATIONAL MONTESSORI ACADEMY

Of Wilmington

MEDICAL RELEASE and WAIVER OF LIABILITY FORM FOR ADMINISTERING MEDICATION TO THE CHILD NAMED IN THIS DOCUMENT

MEDICATION: A completed copy of this form should be available to when school starts. If your child is on medication that needs to be administered at school, this form must be completed. **The medication must be hand-delivered in its original container. to one of our staff members; not sent in with your child or in her lunch box.** We will not be able to dispense any medication unless this procedure is followed. This is for **prescription*** meds as well as over-the-counter medications such as an Epipen, liquid Benadryl, topical creams including but not limited to diaper ointments, antiseptic cleanser, antibiotic ointment, first aid cream, sun block/sunscreen, for example.

***(There is a Medical Log Sheet you will also need to fill in for staff to administer Prescription meds.)**

I/We, the Parents/Guardians, do hereby give consent to IMA for the ADMINISTERING of MEDICINE to our child _____ for (name a specified time) _____ date/year or as needed if a sun block or certain over-the-counter meds(for example). The name of the medications are (please fill in the name of each one below).

Parents/Guardians please make copies of this form so that you may refer to it. **Without this signed form in your child’s file,we will not administer over the counter meds or prescription meds.** Meds are only administered by a staff member who is med-certified by taking the Delaware Office of Child Care and Licensing’s Administration of Medicine course.

_____ **Print Name**
_____ **Print Name**
_____ **Sign**

Name _____ Date _____ **Sign**

Name _____ Date _____

_____ **Print Name** _____ **Sign Name** _____ **Date**