

SPAULDING ACADEMY & FAMILY SERVICES
HEALTH SERVICES DEPARTMENT
PERMISSION TO ADMINISTER MEDICATIONS AND
MEDICATION RELEASE OF LIABILITY

Dear Parent,

It is now required that any student who is in a program at Spaulding Academy & Family Services and taking medication have a signed permission form from the parent or guardian that gives permission to administer the particular medication to their student.

Your child, _____ DOB _____, is currently receiving the medications listed below.

I hereby give Spaulding Academy & Family Services permission to administer the following medications to my student. A signed physician's order must be provided in order to administer all medications by Spaulding personnel prior to admission.

I do hereby authorize the Health Services Department of Spaulding Academy & Family Services to assist my son/daughter in the matters set forth in the physician's statement which prescribed medication, and in all ways comply with the orders concerning this medication.

I hold Spaulding Academy & Family Services harmless from any consequences resulting from this regimen of medication.

Signature of Parent/ Guardian

Date

Spaulding Academy & Family Services Representative

Date