



Mauldin Christian Academy

Medication Authorization and Waiver of Liability

Date _____

Child's Teacher _____

MCA is hereby authorized to administer the following medication(s) to:

Child's Name _____

Name of Medication(s):

Dose/Strength: _____

Time medication to be given: _____

Route: _____

Frequency: _____

In consideration of Mauldin Christian Academy administering the medication(s) as described above, I hereby agree that Mauldin Christian Academy and its employees and agents shall not be held liable for any injury, loss, death, or other damages arising from the administration of such medication. I further agree to release, indemnify, and hold harmless Mauldin Christian Academy and its employees and agents from any and all claims made by or on behalf of _____ (student's name) related to the administration of the medication. I agree to notify the school if my student's medication or health condition changes. I give permission for a trained unlicensed assistive personnel to assist my student with medication in the absence of the school nurse.

Parent/Guardian Signature _____

For school use only:

Medication given:

Time _____ Initials _____

Time _____ Initials _____

Time _____ Initials _____

Time _____ Initials _____

Time _____ Initials _____