

Medication Authorization and Waiver of Liability

Date _____ Child's Class _____

You are hereby authorized to give the following medicine to:

First and last name: _____

Name of medication: _____

Dosage _____ Time of Dosage _____

In consideration of your administering the medication as described in the foregoing, the undersigned hereby agrees that neither the Child Development Center, nor any of their employees, agents, officers, or board of directors will be held liable in any way for any injury, loss, death or damages arising out of or resulting from administration of the foregoing described medication, and further holds harmless and releases the Child Development Center, their agents, employees, officers, and board of directors from liability for any claim by or in behalf of _____ (child's name) resulting from administration of such medication.

Parent/Guardian Signature _____

For CDC use

Name of Med _____ Dose _____

Time _____ Staff Administering _____

Name of Med _____ Dose _____

Time _____ Staff Administering _____

Name of Med _____ Dose _____

Time _____ Staff Administering _____