

Young Scholars of Western PA Charter School

600 Newport Dr. Pittsburgh, PA 15234 | Phone: 412 668 2064 | Fax: 412 668 2068 | www.yswpcs.org

PARENT REQUEST FOR ADMINISTRATION OF COMMERCIAL MEDICATION

Dear Parent:

It is our procedure to request that medication be given before or after school whenever possible. However, if it is essential that the student receive medication during school hours, please complete the following information:

Student Name		Birth date:
Age		Grade:
Diagnosis (Reason for Medication):		
Medication and Dosage:		
Administration instructions for school:		
Length of time to be administered at school:		
Possible side effects:		
Curtailment of any school activity:		
Parent Name (printed)		Date:
Parent Signature		Telephone:

We request that school personnel administer as directed. We acknowledge that a school nurse may not be present for this purpose on many occasions and a person without any medical training will administer the medication. We acknowledge our awareness that the administration of medication under the anticipated circumstances might pose a substantial risk of injury to, including death of our child. On behalf of ourselves and our child, we hereby exonerate, release and discharge Young Scholars of Western PA Charter School, its officers, directors, and employees, from any and all claims, causes of action and liability whatsoever in respect of any injury to, including death of our child which may result at any time in the future by reason of any action taken in good faith and absent gross negligence, pursuant to this request. We further agree to indemnify, defend and hold harmless Young Scholars of Western PA Charter School, its officers, directors and employees from any suit or proceeding brought to enforce any such claim, cause of action or liability. We enter into this agreement or release and indemnity voluntarily and without coercion for the purpose of inducing the employees of Young Scholars of Western PA Charter School to administer medication to our child.

Parent Signature	Date:
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THIS DOCUMENT IS A CONTRACT THAT AFFECTS YOUR, AND YOUR CHILD'S, LEGAL RIGHTS. YOU SHOULD READ THIS DOCUMENT CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND, YOU MAY SEEK LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT.

Name _____ Birthdate _____

Address _____ Parent or Guardian _____

Telephone _____

Please Circle Present Grade: K 1 2 3 4 5 6 7 8 9 10 11 12 Sp. Ed.

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

MEDICAL EXEMPTION

The physical condition of the above named child is such that immunizations would endanger life or health.

Signed _____ Date _____

(Physician)

RELIGIOUS EXEMPTION

(Includes a strong moral or ethical conviction similar to a religious belief.)

Parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations.

State your reason for requesting a religious exemption _____

Signed _____ Date _____

(Parent or Guardian)