



A Growing District for Growing Minds

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Authorization to Administer Over-the-Counter Medications

Student's Name: _____ Grade: _____

I hereby give the Savannah R-III School District permission to administer the following medications to my student if it is deemed necessary by the Savannah R-III School nurse, according to the recommended dosage.

- I give my permission for the school nurse to give the following medications to my student: Acetaminophen (Tylenol); Ibuprofen (Motrin/Advil); Chewable Antacids (Tums).

OR

- I do not wish for any medications to be administered to my child at school.

My student has the following drug/food allergies: _____

RELEASE AND HOLD HARMLESS: Parent(s)/Legal Guardians(s), on behalf of themselves, their Student, and their respective heirs, further agree to and do hereby release and hold harmless the Savannah R-III School, the Savannah R-III Foundation, and their respective officers, directors, associates, employees, and agents from and against any and all liability, claims, damages, demands, causes of action, and judgments, including but not limited to those relating to personal injury and damage to or loss of property, (collectively "Claims") that arise from or relate to the administration of medication to my Student. This release and hold harmless applies to claims on tort, negligence (including the negligence of the Savannah R-III School or the Foundation), privacy interests, and otherwise whether now known or that may arise in the future. This release and hold harmless does not apply to claims based on action or inaction by those otherwise released and held harmless that constitutes gross negligence, intentional torts, or activities involving the public interest.

By my signature, I give my permission for my Student to receive any of the above listed medication to be administered by the Savannah R-III School nurse or trained Savannah R-III School staff member. I declare that the terms of this release have been completely read, are fully understood, and are voluntarily accepted. A copy of this consent shall serve the same purposes and have the same force, effect, and authority as an original. I declare that I am the Parent/Legal Guardian authorized to sign this form and give permission for this treatment on behalf of my Student.

Parent/Guardian (Print): _____

Signature: _____ Date: _____