

Parental Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Chicago Futabakai Japanese School and its employees and agents, on my behalf and in my stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Chicago Futabakai Japanese School), lawfully prescribed medication in the manner described on the Authorization and Permission for Administration of Medication form.

I acknowledge that it will be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Chicago Futabakai Japanese School, its employees and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Chicago Futabakai Japanese School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Cell Phone

Parent's Address

Business Phone

Date

Additional information

