

NEWBRIDGE SCHOOL

12285 Oak Knoll Road

Poway, CA 92064

Phone 858-679-5744

Fax 858-679-5713

PERMISSION TO ADMINISTER MEDICATION

I hereby grant permission to and request that NewBridge School administer the medication(s) listed below to my child. I understand that they are not obligated to do so and that the school does not employ a nurse. I further agree to hold harmless the school, its administration and its faculty for any and all complications arising from the administration of the medications. I understand that a signed doctor's prescription must accompany this initial permission form and all subsequent changes.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Student's name: \_\_\_\_\_

Medication 1: \_\_\_\_\_

Time(s): \_\_\_\_\_

Medication 2: \_\_\_\_\_

Time(s): \_\_\_\_\_

Medication 3: \_\_\_\_\_

Time(s): \_\_\_\_\_