

NEW HORIZONS ACADEMY
6701 W. Charleston Blvd.
LAS VEGAS, NV 89146
(702) 876-1181

MEDICATION RELEASE

Child's Full Name: _____

Release made _____, **200** ____ . **By** _____
(Date) (Parent/Guardian Name)

In consideration of the permission granted to my child by New Horizon Academy to take medication during school hours, I hereby release New Horizons Academy, its agents and employees from all action, damages, claims, or demands which I, my child, my child's heirs, executors, administrators, or assignees may have against New Horizons Academy, employees, administrators, volunteers and agents and other above described parties for all injuries known or unknown which my child may incur by, or arise from, the administration of the administration of the following medication(s):

Name of Medication _____ **Amount** _____ **at (time)** _____

Name of Medication _____ **Amount** _____ **at (time)** _____

New Horizons Academy is authorized to store and preserve said medicine upon the premises and facilities of the school building or as it deems appropriate. **All Medications will have most recent date, child's name, doctor's name and instructions as to the time to administer.** Further, New Horizons Academy is authorized to destroy said medication upon expiration of this release, expiration of the prescription or completion of medication treatment, unless picked up by the parents, whichever occurs first. Please list any prescribed medications taken at home. In case of an emergency, paramedics need this information to evaluate the student.

Please list anything your child is **allergic** to that we should be made aware of: _____

Medications taken at home. _____

Do you want your child to have a **NON-PRESCRIPTION PAIN MEDICATION, SUCH AS TYLENOL, IBUPROFEN, ETC.,** for headaches, pains, etc.? **Antacids, cold (cough drops) and allergy medication.**

_____ **YES** _____ **NO** _____ **Call me first**

I, the undersigned, have read this release and fully understand all its terms. I execute it voluntarily and with full knowledge of its significance.

(Signature of Parent/Guardian)

(Signature of Witness)

(Address)

(Address)

(Telephone Number)

(Telephone Number)