

**Westminster Weekday Schools**  
**Policies Governing the Administration**  
**of Medication During School Hours**

Policy Statement: Westminster Weekday Schools does not authorize school personnel to give medication of any kind, except in the event of a severe medical situation. In the event of a severe medical situation, however, school personnel are permitted to administer limited medications. The administration of these limited medications will only be performed on those students who have received approval by their physician and have the following "Physician's Request for Administration of Medication" notarized and on file in the school office.

**PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION**

Name of Child: \_\_\_\_\_

Birth date: \_\_\_\_\_

Description of Medical Condition: \_\_\_\_\_

Signs and Symptoms: \_\_\_\_\_

Remarks: \_\_\_\_\_

Medication & Dosage: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

This is my permission for Westminster Weekday Schools personnel to administer the above indicated medication to my child named above in the event of a severe medical emergency. I agree to hold Westminster Weekday Schools and Westminster United Methodist Church, and any of their teachers, employees or Board Members, harmless from any event resulting from the administration of these medications.

\_\_\_\_\_  
Parent's Name (Print or type)

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Telephone Number

.....  
\_\_\_\_\_  
Notary's Signature

Sworn before me this the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_