

**PARENT/GUARDIAN FORM 12**

\_\_\_\_\_  
Cadet Name Last, First, MI

SUBJECT: PARENTAL AND DOCTOR AUTHORIZATION FOR  
ADMINISTERING MEDICATION(S):

1. PARENTAL AUTHORIZATION FOR ADMINISTERING MEDICATION(S):

I am the parent/guardian of the above named cadet and give my permission for him/her to take the following prescribed medication while at Massanutten Military Academy. I hereby acknowledge that I have read and understand the policies of Massanutten Military Academy relating to the taking of medication. I hereby release Massanutten Military Academy and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the Academy to share information regarding this medication with a licensed provider.

\_\_\_\_\_  
Parent/Guardian Signature Daytime Phone Date

2. MEDICATION AUTHORIZATION (TO BE COMPLETED BY THE  
LICENSED PRESCRIBER)

Medication	Dosage	Time	Duration

\_\_\_\_\_  
Physician's Signature Telephone Number Date

\_\_\_\_\_  
Physician please print name Address \_\_\_\_\_  
E-mail \_\_\_\_\_

**Medications will be given only from pharmacy labeled containers with the name of the cadet, the name of the medication, the dosage and frequency to be given. The medications will not be given by school personnel unless these directions are followed. If there is a change in medication or the dosage of medication a letter from the prescriber must be given to the infirmary. Changes in medication will not be made without this letter.**

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