



Medication / Sunscreen Authorization Form

At Chesterbrook Academy of Philadelphia, protecting the overall health and well-being of your child is our top priority. There may be times when your child requires the use of special health products when under our care. Your permission to administer these products must be indicated below.

I authorize Chesterbrook Academy to administer physician-prescribed medication to my child. I understand that a completed Medication Authorization Form (available at the front desk) must accompany any medication provided for use during the school day. I agree to provide all prescription medication to the school with the original prescription label attached and fully legible with my child's first and last name. I understand that the staff of Chesterbrook Academy will administer medication in accordance with the instructions listed on the prescription label, unless instructions for a lesser dose is provided in writing.

I authorize Chesterbrook Academy to administer non-prescription medication to my child. I understand that a completed Medication Authorization Form (available at the front desk) must accompany any medication provided for use during the school day. I agree to provide all non-prescription medication to the school with the original manufacturer's label attached and fully legible. I understand that the staff of Chesterbrook Academy will administer non-prescription medication in accordance with the manufacturer's instructions as listed on the label for my child's age range, unless instructions for a lesser dose is provided in writing. I understand that Chesterbrook Academy will not administer non-prescription medication to any child under the age of 2 unless accompanied by a signed physician's note.

I authorize Chesterbrook Academy to apply sunscreen to my child. I understand that sunscreen must be provided from home, and be fully labeled with my child's full first and last name. I understand that the staff of Chesterbrook Academy will apply sunscreen in accordance with the manufacturer's instructions as listed on the label.

By signing below, I acknowledge that Chesterbrook Academy does not have a nurse or other health provided available on-site. I hereby release Chesterbrook Academy, Nobel Learning Communities, and their officers, directors, shareholders, employees, and agents (collectively, the "Released Parties") from any claims or liability connected to their reliance on this permission and agree to indemnify, and hold the released parties harmless from any claim or liability connected with such reliance.

Child's Name: _____

Parent's Signature: _____ **Date:** _____

If you wish to revoke permission or make changes to the above listed details at any point during your child's enrollment, please contact an administrator.