



Parental Authorization

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Cornerstone Christian Academy of McLean County Inc. and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Cornerstone Christian Academy), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the school, its employees and agents arising out of the administration of said medication. In addition I agree to hold harmless and indemnify Cornerstone Christian Academy of McLean County Inc., its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from administration or attempts at administration of said medication.

Parent/Legal Guardian's Signature

Address

Home Phone/Business Phone

Date

Additional Information
