



Where Hearts and Minds Grow Strong

**AUTHORIZATION FOR MEDICATION  
RELEASE AND INDEMNIFICATION AGREEMENT  
FOR ALL PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATION**

<b>PART I</b> <i>(To be completed by the Parent or Guardian)</i>	
Child's Name	Date of birth
Known allergies	Class
I hereby authorize Tysons Corner Children's Center ("the Center") to administer to or assist my child in administering the medication identified below, as directed in Part II. I hereby release, indemnify, and hold harmless the Center, including all staff and the Board of Directors, from any and all claims, demands, expenses, and actions arising in connection with the administration of medication to my child.	
Parent/Guardian Signature	
Date	Phone Number

<b>PART II</b> <i>(All fields must be completed by the Physician)</i>	
Diagnosis/ Reason for Medication	<p><b><u>When To Administer Medication</u></b> As needed for (list specific symptoms):</p> <p>Administer at a Specific Time/Schedule:</p>
Name of Medication (including strength)	
Dosage to be taken at school	
Dates medication is to be administered <i>(for example, from date to date. If medication is 'as needed', the date range cannot exceed 1 year)</i>	
Any side effects?	
Physician's Name (print or type)	
Physician's Phone Number	
Physician's Signature	Date
<b>If your child has any food allergies, is prone to anaphylaxis or requires an Epi-Pen or other epinephrine shot, you will also need to have your child's physician fill out the <i>Allergy and Anaphylaxis Emergency Care Plan</i> document. This can be found on our website or by request from the Center office.</b>	

**THIS FORM WILL NEED TO BE SIGNED BY A PHYSICIAN AND RE-SUBMITTED ANNUALLY OR EARLIER IN THE EVENT ANY CHANGE IS NEEDED**