

MEDICATION/PRESCRIPTION AUTHORIZATION FORM

Does this child currently need or use medicine prescribed by a physician? Yes No
If yes, and the child will need to take medication during program, please see following.

Participants/children may be allowed to self-administer prescription and/or over-the-counter medications by **physician order or parent/guardian permission or the medication can be administered by a pre-authorized individual designated by the parent/guardian.**

The medication must be in its original container(s) and labeled with the participant's name, medication name, dosage, specific time to be taken, and prescribing physician's name to assure the correct identification of the medication. Please label all over-the-counter medications that are sent with the participant's name. No member of the program staff is permitted to administer medication, except in the case of the administration of an EpiPen®. However, staff will allow the participants to take their medication so long as physicians or parents/guardians have authorized self-administration. If the participant is not allowed to self-administer their medication, parents/guardians or a pre-authorized individual are welcome to come to the site to dispense the medication when necessary.

****Physician or parent/guardian must complete and sign forms. Return to School or Program Staff.**

ADMINISTRATION OF PRESCRIPTION MEDICATION DURING PROGRAM:

Name of Medication #1: _____ Time of Administration: _____

Dosage: _____

Name of Medication #2: _____ Time of Administration: _____

Dosage: _____

OVER THE COUNTER MEDICATION:

YES NO Name of Medication

IN-HALER and/or EPIPEN® USE:

_____: Participant **may / may not (circle one)** carry and self-administer during the program.
Inhaler

_____: **Participant may / may not (circle one) carry during the program.**

EpiPen® **(If able to carry, at least one program staff must be trained in the administration of the epinephrine syringe prior to the start date of the program.)**

Physician's Name (**Print**): _____

Physician's Phone #: _____

Physician's Signature

Date

Parent's/Guardian's Signature

Date

next

Seeing Yourself in Science®

RELEASE AND WAIVER OF LIABILITY

This is a Release and Waiver of Liability for administering emergency treatment to children with severe allergies (hereinafter, referred to as the "Release") made this day of _____ in the year _____, by and between Seeing Yourself in Science by Cum Laude Educational Consultants, LLC., (hereinafter, referred to as the "SYIS") and _____ residing at _____, who are the Parent(s) /Guardian(s) of (the "Participant"); Whereas, SYIS provides academic enrichment experiences at different facilities in Kansas and Missouri and Higher M-Pact has engaged SYIS to provide enrichment for: _____.

WHEREAS, SYIS has been requested by the Parent(s) /Guardian(s) to administer emergency treatment (including the administration of epinephrine) to the Participant during certain emergency situations when the Participant has come in contact with an allergen and is in danger of anaphylaxis, as prescribed in writing on the Medication/Prescriptions Authorization Form (the "Authorization"), all in accordance with and subject to SYIS policy for administering treatment to participants with severe allergies.

NOW, THEREFORE, in consideration of the agreement and covenants contained herein and other good and valuable consideration the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Parent(s) /Guardian(s) on their own behalf and on behalf of the participant hereby releases and forever discharges SYIS and its employees, independent contractors, agents, successors, affiliates and assigns from any and all liability arising in law or equity as a result of SYIS employees or agents administering epinephrine and providing other emergency care in conformance with the Authorization, provided that "SYIS" has used reasonable care in administering epinephrine and in providing other authorized care in accordance with the Authorization.

2. This Release is governed by the laws of the State of Missouri where SYIS is located.

3. This Release supersedes and replaces all prior negotiations and all agreements proposed otherwise, whether written or oral, concerning all subject matters covered herein. This Release, along with the Authorization (including any additional physicians' instructions or clarifications), which is hereby incorporated by reference, constitutes the entire agreement among the parties with respect to the subject matters discussed herein.

4. The reference in this Release to the term "SYIS" shall include Cum Laude Educational Consultants, LLC, its affiliates, successors, directors, officers, employees, agents and representatives. The terms "Parent(s) /Guardian(s)" and "Participant" shall include the dependents, heirs, executors, administrators, assigns and successors or each.

5. If one or more of the provisions of this Release shall for any reason be held invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect or impair any other provision of the Release. This Release shall be constructed as if such invalid, illegal or unenforceable provisions had not been contained herein.

By signing this Release and Waiver of Liability, Parent(s) /Guardian(s), for themselves and for the Participant, acknowledge and agree that they have had ample opportunity to read, review and reflect upon the terms contained in this Release and Waiver of Liability, that they understand the provisions of this Release and Waiver of Liability and that they have had an opportunity to consult with their legal advisor before signing this Release and Waiver of Liability.

Seeing Yourself in Science® by
Cum Laude Educational Consultants, LLC

Parent/Guardian

Name

Name

Title

Relationship to Participant

Signature

Signature

Date

Date