

International School of Dakar

ISD CORE Values: Creativity, Open-Mindedness, Responsibility, and Excellence



MEDICATION RELEASE FORM

Name of student: _____

Diagnosis: _____

Medication: _____ Dosage: _____

Possible side effects that should be reported to a physician: _____

Special instructions for administration of the medication eg with food: _____

Name and contact number of physician: _____

PARENTAL CONSENT AND WAIVER

I hereby authorize The International School of Dakar to administer the prescribed medication as stated above to my son/ daughter, _____ who attends Grade _____.

No prescription medication may be used or possessed at school unless the school receives the completed form. All medicine bought into the school must be kept by the Nurse in the office and must be in the original container appropriately labeled by the pharmacy or physician.

I understand ISD will administer only the prescribed medication as listed above. I hereby waive all claims against the school and agree to hold the school harmless from any liability which, may arise in connection with my child's use of the medication

Signature of Parent: _____

Date: _____

Form updated: 8/18/14



International School of Dakar
Phone: +221.33.825.08.71 Fax +221.33.860.85.23
US Address: c/o Management Officer for ISD
2130 Dakar Place, Washington, DC 20521-2130
Senegal Address: B.P. 5136, Dakar, Senegal
www.isdakar.org