



Where Hearts and Minds Grow Strong

**TYSONS CORNER CHILDREN'S CENTER  
AUTHORIZATION FOR MEDICATION  
RELEASE AND INDEMNIFICATION AGREEMENT**

FOR ALL PRESCRIPTIONS AND OVER-THE-COUNTER MEDICATION

Child's Name
Class

<b>PART I</b> <i>(To be completed by the Parent or Guardian)</i>	
<p>I hereby authorize Tysons Corner Children's Center ("the Center"), including the staff in the Center, to facilitate the use of medication (prescription and over-the-counter) as directed by this authorization. I agree to release, indemnify, and hold harmless the Center, including the staff and Board of Directors, from any and all lawsuits, claims, expenses, demands, or actions, etc. against them for assisting my child with the use of medication. The staff at the Center is directed to comply with the physician and parent/guardian orders set forth in accordance with the provisions of Part II below.</p>	
Parent/Guardian Signature	
Date	Phone Number

<b>PART II</b> <i>(To be completed by the Physician)</i>	
Diagnosis	Medication
Dosage to be taken at school	Time to be taken at school
Dates medication is to be administered <i>(for example, from date to date)</i>	
Any side effects?	
Physician's Name (print or type)	
Physician's Phone Number	
Physician's Signature	
Date	