

THIS FORM MUST BE RETURNED TO SCHOOL WHEN CHILD REQUIRES MEDICATION

Request for Administering Medication at School and Release from liability.

I/We, the undersigned parents/guardians of the minor child, _____, a student at St. Ambrose Catholic School, hereby request St. Ambrose Catholic School personnel to allow said child to attend school in spite of his/her special health problem and to be given medication prescribed by

_____ from (date) _____ to _____ under supervision of school personnel. The medicine is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor, and drug store, name of drug, and the specific time it is to be given at school. I/We assume all responsibility for any mistake in furnishing an incorrect dosage. For, and in consideration of, allowing said child to attend school in spite of his special problem, we hereby release, relieve, and discharge St. Ambrose Catholic School and any of its agents or employees, from any and all liability for any injury or damage to the health of said child arising out of, or resulting from, the necessity of said child having to take medication during school hours/field trip.

I/We have read, understand, and agree to the school's regulations concerning giving medication at school.

Signature _____ Date _____

Address _____ Phone _____

STATEMENT OF PHYSICIAN

Name of Student School Date of Birth

Diagnosis Name of Medication Dosage

Time Administered Method Administered Date to Discontinue

Predictable Side Effects Contraindications

Physician Signature Physician Phone w/area code

Physician Address Date

All medications will be kept in a locked drawer. The principal will administer or designate an appropriate person to administer the medication.