

**REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND
RELEASE FROM LIABILITY**

THIS FORM MUST BE RETURNED TO SCHOOL WHEN CHILD REQUIRES MEDICATION

I/We, the undersigned parents/guardians of the minor child, _____, a student at St. Francis Solanus School, hereby request St. Francis Solanus School to allow said child to attend school in spite of his/her special health problem to be given medications prescribed by _____ from _____ to _____ under the 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 re-lease, relieve and discharge, St. Francis Solanus School and/or 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. I/We have read, understand and agree to the school's regulations concerning giving medication at school.

Signature _____ Date _____

Address _____ Phone _____

STATEMENT OF PHYSICIAN

Date _____

<u>Name of Student</u>	<u>School</u>	<u>Child's Date of Birth</u>
_____	_____	_____
<u>Diagnosis</u>	<u>Name of Medication</u>	<u>Dosage</u>
_____	_____	_____
<u>Time Administered</u>	<u>Method of Administration</u>	<u>Discontinue Date</u>
_____	_____	_____
<u>Physician's Signature</u>		<u>Physician's Phone</u>
_____		_____
<u>Physician's Address</u>		

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