



**PARENT RELEASE FOR THE ADMINISTRATION OF MEDICINE**

The law allows any person to assist in carrying out a physician’s recommendation. The school recognizes the desirability of following a physician’s recommendation(s) as nearly as possible at school, just as a parent does at home. The fact that this is a service in which the school is not legally required to perform, the parent/guardian holds the school and its personnel harmless from any and all liability which might arise out of these arrangements.

We the undersigned, who are parents of \_\_\_\_\_ request that medicine be administered to said child in accordance with the instructions on the enclosed form from our physician, by a member of the school staff. We understand that the school is not legally obligated to administer medication to my child and, therefore, agree to hold the diocese and its employees harmless from any liability for the results of such medication or the manner in which it is administered, and to indemnify the diocese and its employees for any liability arising out of these arrangements.

Student Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date of start of medication \_\_\_\_\_

Duration: \_\_\_\_\_

Please note: It is the student’s responsibility to take his/her medication at the required time. All medication, including cough drops and aspirin, must be in their original container and kept in the school office. PLEASE be sure to have the student’s name clearly visible.

Updated: 9/8/2020

