

ST. AUGUSTINE SCHOOL
2017-2018 School Year

**PARENT'S REQUEST FOR THE ADMINISTRATION
OF MEDICATION BY SCHOOL PERSONNEL**

I hereby request, authorize and give my permission to the principal or his/her designee, (e.g., school nurse or responsible person) to administer the following medication to my child.

Prescribed medication:

(See Physician's completed request form attached)

Non-prescription medication:

(Over the counter)

Name of Student

Date of Birth

Address

City

State

Zip Code

Name of prescribed drug, dosage and route of administration

Time of day to be administered

Beginning and expiration date of this request:

It is not possible for this medication to be taken at home by my son/daughter, and it must be administered during the school day.

In consideration of my child being administered the above specified medication at my request, on behalf of my child, my spouse, and myself. I hereby assume all risks in connection therewith, and I further release the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Augustine School, St. Augustine Parish, employees and volunteers from all claims, judgments, liability for any injury or damage due to the designated administration of said medication to my son/daughter.

Parent / Guardian Signature

Date

NOTE: This form should be updated not less than once each school year.