

PARENT REQUEST FOR ST. AGNES TO ADMINISTER MEDICATION TODAY

Child's Name _____ Gr./Homerroom _____ Today's Date _____

To St. Agnes School Personnel: I request that school personnel administer to my child, named above the following medication:

Name of Medication _____ Prescription? ____ If yes, give Dr. _____

Give dosage amount to be administered at school _____ Time to administer _____

Special instructions about medication/administration _____

_____ Dates to Administer _____

I understand that medication must be brought to the designated office at the school and that I or my child will pick up the medication after its usage. I understand that the medication must be in its original container with the dosage correctly labeled and that school personnel will not administer any medication in which the dosage is not indicated on the medication container. Although school personnel will assist as much as possible in helping my child to remember to come to the designated office to take the medication at the proper time, they assume no responsibility in this regard.

I understand that the school is not a medical facility and that there is not a trained, licensed medical person available to administer medical treatment. I understand that medical assistance other than what is outlined above (i.e. dispensing the above medication) will require the parent to come to school or emergency medical help (EMS) to be called.

In consideration for the assistance of the school personnel in helping to administer this medication to my child, I agree to release and save harmless any and all school and St. Agnes Parish personnel from any and all harm or damages that may occur to my child as a result of this request.

Printed name of parent _____ Day phone _____ Place _____

Signature of parent _____ Date _____