

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FROM LIABILITY FORM

This must be presented to the school when a student returns to school with medicine.

I/we, the undersigned parents/guardian of the minor child, _____,
a student at Ss. Peter and Paul School, hereby request said school to allow said child to
attend school in spite of his/her health problem and to be given this medication _____
_____ 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, dosage and the specific time it
is to be given at school. I/we assume all responsibility for any mistakes in furnishing an
incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special
problem, we hereby release and discharge Ss. Peter and Paul 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. All medication will be in its original container.

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

Parent/Guardian Signature _____ Date _____

Address _____

Home Phone _____

Work Phone _____