## Request for Administering Medication at School and Release from Liability

I/We, the undersigned parents	. •				
student at St. Paul Catholic Sc	<b>hool</b> , hereby	request <b>St. Paul</b>	Catholic School	to allow said child to atten	
school in spite of his/her speci	al health prob	olem to be given	medications pre	scribed by	
	from	to	under the	supervision of school	
personnel.					
The medicine is to be furnishe name, doctor, and drug store,	•		•		
I/We assume all responsibility consideration of allowing said relieve and discharge St. Paul liability for any injury or damagof said child having to take me	child to atten Catholic Scho ge to the heal	d school in spite ol and/or any of th of said child a	of his special pro its agents or em arising out of, or r	oblem, we hereby release, ployees, from any and all	
I/We have read, understand, school.	and agree to t	the school's regi	ulations concerni	ng giving medication at	
Signature			Date		
Address			Phone		
	STATE	EMENT OF PHY	SICIAN		
Date					
Name of Student	Sch	ool		Child's Date of Birth	
Diagnosis	Nar	Name of Medication		Dosage	
Time Administered	Me	Method of Administration		Discontinue Date	
Physician's Signature		Physician's Phone			
Physician's Address					

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

This form must be returned to school when child requires medication.