

ST. JOSEPH CATHOLIC SCHOOL - MAUMEE

MEDICATION RELEASE FORM

PHYSICIAN PERMISSION AND PARENT RELEASE FOR SCHOOL PERSONNEL TO ADMINISTER OR OVERSEE THE TAKING OF MEDICATION AND RELEASE FROM LIABILITY

Written permission must be obtained from a physician and parent/guardian before prescription medication can be given during school hours. Medication MUST be in the original labeled container in which it was dispensed.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

_____ is under my care and should receive
Name of student

Name of drug, dosage and route

at the following times _____

Beginning date _____ . Expiration date _____

Specific instructions for administration _____

Possible side effects to watch for _____

Physician signature _____ Date _____

Office stamp:

PARENT/GUARDIAN RELEASE

I hereby give permission for my child to receive medication as stated above. I hereby release, discharge and indemnify the Diocese of Toledo, the Toledo Catholic/Private Schools, this school, the principal of the responsible school and his/her designee and any other persons involved in the overseeing of administration of medication herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing or dispensing of the above medication as prescribed. We (I) agree to notify the school immediately if there is any change in the above treatment regimen and will provide the school with a new form. The undersigned have read this from and understand and agree to all of its terms.

PARENT/GUARDIAN SIGNATURE _____ Date _____

A new form must be completed whenever the prescription changes and at the beginning of each school year.