

**REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL
AND RELEASE FROM LIABILITY**

This form must be returned when child returns to school with medication.

I/we, the undersigned parents/guardians of the minor child, _____, a student at Our Saviour School in Jacksonville Illinois, hereby request Our Saviour School to allow said child to attend school in spite of his/her special health problem and to be given medication prescribed by Dr. _____ 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 and the specific time it is to be given at school. I/we assume all responsibility for any mistake 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, relieve and discharge the Our Saviour 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.

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

Signature _____ Date _____

STATEMENT OF PHYSICIAN

This form must be returned when child returns to school with medication.

Name of Student:

School:

Our Saviour School

Date:

Diagnosis:

Name of Medication:

Dosage:

Time of Administration:

Method of Administration:

Date to Discontinue:

Predictable Side Effects:

Contraindications:

Physician's Signature:

Address:

Phone Number: