

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

(This must be returned to school with child's prescription medication.)

I/we, the undersigned parents/guardian of the minor child _____, a student at St. Dominic School, hereby request St. Dominic School to allow said child to attend school in spite of his/her special health problem and to be given 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, 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 and discharge St. Dominic 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 _____

Signature _____ Date _____

Address _____ Phone _____

*** Statement to be filled out by physician is on the reverse side.**

