

**St. Mary School
P.O. Box 39
105 East main Street
Brussels, Il 62013**

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

THIS FORM MUST BE RETURNED TO SCHOOL WHEN CHILD REQUIRES MEDICATION ONLY

I/We, the undersigned parents/guardians of the minor child _____, a student at St. Mary School, herby request St. Mary School to allow said child to attend school in spite of his/her special health problem to be given medication prescribed by _____ from _____ to _____ under the supervision of school personnel. The medicine is furnished by me and labeled by the physician or pharmacist with the said child's name, doctor and drug store, and specific time it is 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 despite his/her special problem, we hereby release, relieve, and discharge St. Mary School and/or any of its agents or employees, from all liability for any injury or damage to the health of said child arising out of, or resulting from 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 _____

Address _____

Phone Number _____

Statement of Physician

Name of Student	School	Child's Date of Birth
Diagnosis	Name of Medication	Dosage
Time Administered	Method of Administration	Discontinue Date
Physician's Signature	Physician's Phone Number	Date
Physician's Address		

All medication will be kept in a locked drawer. The Principal/ Designee will administer the medication.