



# PARENT / GUARDIAN REQUEST FOR NON-PRESCRIBED MEDICATION BY SCHOOL PERSONNEL

I request and give my permission to the principal or his/her designee (school nurse or another responsible person) to administer the following medication to my child.

Student Name ..... Date of Birth .....

Name of Drug ..... Dose ..... Route .....

Times .....

Specific instructions for administration .....

Expiration date of this request .....

*Parents must send medication to the school in its original container.*

Note: The parent/guardian of the child must assume responsibility for informing the principal or a designee (nurse, secretary, teacher, or another responsible trained person) of any change in the child's health or any change in the non-prescribed medication. Any change to the above non-prescribed prescription (dosage or administration) will require the completion of a new form.

I, individually and as the parent/guardian of the student mentioned above, release, indemnify, and hold harmless the Archdiocese of Cincinnati, the Archbishop of Cincinnati, the School, the Parish, and their employees, agents, and religious from any liability, claim, damage, cost, expense, or fee that arises, directly or indirectly, out of the presence of the medication in the School or its use by the student.

Parent/Guardian Signature ..... Date .....

Parent/Guardian Name (please print) .....

Parent/Guardian Phone Number .....

Parent/Guardian Emergency Phone Number .....

.....  
School Official's Signature (Acknowledging Receipt of Medication)

.....  
Date