

**PARENT REQUEST FOR OUR LADY OF LOURDES SCHOOL TO
ADMINISTER MEDICATION**

Child's Name _____ **Grade** _____

Homeroom _____ Age _____

To Our Lady of Lourdes School Personnel: I request that personnel administer to my child, named above, the following medication:

Name of medication _____

Prescribed by Dr. _____ Beginning Date _____ until _____

Dosage amount to be administered at school _____

Time to administer _____

Special instructions about medication/administration:

I understand that medication must be brought to the office and I or my child will pick up the medication after its usage. I understand that the medication must be in its **original container** with the dosage correctly labeled and that school personnel will not administer any medication in which the dosage is not indicated on the medication container. Although school personnel will assist as much as possible in helping my child to remember to take the medication at the proper time, they assume no responsibility in this regard.

I understand that the school is not a medical facility and that there is not a trained, licensed medical person available to administer medical treatment. I understand that medical assistance other than what is outlined above (i.e. dispensing the above medication) will require the parent to come to school or emergency medical help (EMS) to be called.

In consideration for the assistance of the school personnel in helping to administer this medication to my child, I agree to release and save harmless any and all Our Lady of Lourdes School personnel, and Our Lady of Lourdes Parish personnel from any and all harm or damage that may occur to my child as a result of this request.

Printed name of parent _____

Day phone number _____ Place _____

Signature of parent _____ Date _____