

REQUEST TO ADMINISTER MEDICATION AND RELEASE OF LIABILITY

To the School Administration, Teacher or other school employee designated by the Administration.

We, the undersigned parents or guardian, hereby request that you administer to the student named below, the medication indicated on this form in the manner described below.

We represent to you that the medication dosage, frequency and special instructions indicated on this form are in compliance with the instructions of a physician. We hereby release St. Thomas Aquinas Parish School and St. Thomas Aquinas Parish from any and all liability, both civil and criminal, which might arise from storing, handling or administering medication pursuant to this request.

DATE _____

STUDENT NAME _____

GRADE _____ HOMEROOM TEACHER _____

NAME OF MEDICATION _____

DOSAGE _____ FREQUENCY _____

SPECIAL INSTRUCTIONS _____

PHYSICIAN _____ PHONE NUMBER _____

PHYSICIAN ADDRESS _____

PRINTED PARENT OR GUARDIAN NAME

SIGNATURE OF PARENT OR GUARDIAN

PARENT OR GUARDIAN PHONE