

ST. ANTHONY' S SCHOOL

REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL

_____ should receive _____

(Name of Drug, & Dosage

Specific instruction for administration: _____

Possible side effects to watch for: _____

Special storage instructions: _____

Reason for administration: _____

I hereby request and give my permission to the school approved personnel to administer the above stated medication to my child. I further acknowledge by signing this form that the school or its personnel are under no obligation to render assistance in the administering medication and do hereby release all designated employees from liability for damages or injury resulting from either performing or not performing the assistance required.

I have read and understand the guidelines for administration of medication.

Name of child: _____

Home Address: _____

School: _____ **Grade:** _____

Date _____ **Signature of Parent** _____

Dept. of Education

Catholic Diocese of Columbus

5141.0

Adopted _____

Reviewed _____

Revised _____