

Saint Mary School
P.O. Box 39
105 E. Main street
Brussels, Illinois 62013
(618)-883-2124
stmaryschool@gmail.com
stmarysbrussels.org

Becky Lorts
Principal

Fr. Don Roberts
Administrator

Request for Administering Medication at School and Release from Liability

This form must be returned to school when Child Requires Medication

All medications will be kept in a locked drawer. The principal will administer or designate an appropriate person to administer the medication.

I/We, the undersigned parents/guardian of the minor child, _____, a student at

Saint Mary School, hereby request Saint Mary School to allow said child to attend school in spite of his/her special health problems to be given medications prescribed by _____

From _____ to _____ under the supervision of school personnel. The medication is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor, and drug store, name of drug, and the specific time it is to be given at school. I/We assume all responsibility for any mistakes in furnishing an incorrect dosage. For and in consideration of allowing said child to attend school in spite of his special problem, we hereby release, relieve and discharge Saint Mary School and/or any agents or employees, from any and all liability for any injury or damage to this health of sad child arising out of, or resulting from the necessary 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 _____

Statement of Physician

Date _____

Name of Student

School

Child's date of birth

Diagnosis

Name of Medication

Dosage

Time Administered

Method of Administration

Discontinues date

Physician's Signature

Phone

Physician's Address _____

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