

**PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL**

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

Student's name: _____ DOB: _____

Name of drug: _____ dosage: _____ route: _____

At the following times: _____

Specific instructions for administration: _____

Possible side effects to watch for and what steps should be taken if side effects occur:

Expiration date of this request: _____

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 Print Name

Parent/Guardian Phone Number

Parent/Guardian Emergency Phone Number