

***Christ the King School
1920 Barberry Drive
Springfield, IL 62704***

Statement of Physician Form

This form must be returned to Christ the King School when child returns with medication.

Name of student

Date

Diagnosis

Name of Medication

Dosage

Time of Administration

Method of Administration

Date to Discontinue

Predictable Side Effects

Contraindications

Physician's Signature

Physicians Address

*Christ the King School
1920 Barberry Drive
Springfield, IL 62704*

Request for Administering Medication at School and Release from Liability Form

I/We, the undersigned parents/guardian of the minor child, _____,
a student at Christ the King School, hereby request Christ the King School to allow said child to attend
school in spite of his/her special health problem and to be given medication prescribed by
Dr. _____ from _____
to _____ under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with the said child's
name, doctor, drug store, name of drug and the specific time it is to be given at school. I/We assume all
responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of the special problem, we hereby
release, relieve, and discharge Christ the King School and/or any of its agents or employees, from any and
all liability for any injury or damage to the health of said child arising out of, or resulting from, the necessity
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 _____