

PARENT REQUEST FOR HOLY SPIRIT SCHOOL TO ADMINISTER MEDICATION REGULARLY THROUGHOUT THE SCHOOL YEAR

Child's name _____ Homeroom _____ Age _____

To Holy Spirit School Personnel: I request that school personnel administer to my child, named above, the following medication:

Name of medication _____

Prescribed by Dr. _____ Beginning date _____ until _____

Give dosage amount to be administered at school _____

Time to administer _____

Special instructions about medication or administration of it _____

I understand that this medication must be brought to the designated office at the school and that my child or I will pick up the medication after its usage. (Medicines that are not picked up two weeks after the child's last dosage will be discarded). I understand that the medication must be in its **original container** with the dosage correctly labeled and that school personnel will not administer any medication in which the dosage is not indicated on the medication container. I understand that it is my responsibility to see that the medication is refilled as needed.

Although school personnel will assist as much as possible in helping my child to remember to come to the designated office to take the medication at the proper time, they assume no responsibility in this regard.

I understand that the school is not a medical facility and that there is not a trained, licensed medical person available to administer medical treatment. I understand that medical assistance other than what is outlined above will require the parent to come to school or emergency medical help (EMS) to be called.

In consideration for the assistance of the school personnel in helping to administer this medication to my child, I agree to release and save harmless any and all school and Holy Spirit Parish personnel from any and all harm or damages that may occur to my child as a result of this request.

Printed name of parent _____

Signature of parent _____ Date _____

Phone number of this parent during the day _____ Place _____