

Parent (Family) Last Name _____

Diocese of Las Vegas
Saint Anne Catholic School

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL
2009-2010

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

Prescribed medication _____
(See physician's completed request form attached)

Non-prescription medication _____
(Over the counter)

Name of Student Date of Birth

Street/ Address/City/State/Zip Code

Name of prescribed drug/dosage/and routine of administration

Times of day to be administered

Beginning date of this request expiration date of this request

It is not possible for this medication to be taken at home by my son/daughter, and it must be administered during the school day.

In consideration of my child being administered, the above specified medication at my request, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection therewith, and I further release the Diocese of Las Vegas, the Bishop of the Roman Catholic Diocese of Las Vegas, Saint Anne Catholic Church, Saint Anne Catholic School, employees and volunteers from all claims, judgments, liability for any injury or damage due to the designated administration of said medication to my son/daughter.

Parent/Guardian Signature Date

NOTE: This form should be updated not less than once each school year.