

Ss. Peter and Paul Catholic School
801 State Street – Alton, Illinois 62002
618.465.8711



Request for Administering Medication at School and Release from Liability

~This form must be returned to school when child requires medication~

I/We , the undersigned parent(s)/guardian(s) of the minor child, _____,
a student at Ss. Peter and Paul School, hereby request Ss. Peter and Paul School to allow said child to attend
school in spite of his/her special health problem and to be given medications prescribed by

_____ from _____

to _____ under the supervision of school personnel. **The medicine 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 mistake in furnishing an incorrect dosage. For and in consideration of allowing said child to attend school in spite of his/her special problem, we hereby release, relieve and discharge Ss. Peter and Paul 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 medications during school hours.

I/We have read, understand and agree to the school's regulations concerning giving medication at school.

Parent/Guardian Signature

Date

Address

Phone

Ss. Peter and Paul Catholic School
801 State Street – Alton, Illinois 62002
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STATEMENT OF PHYSICIAN

Name of Student _____ School _____ Date of Birth _____

Diagnosis _____ Name of Medication _____ Dosage _____

Time Administered _____ Method of Administration _____ Discontinue Date _____

Predictable Side Effects:

Contraindications:

Physician's Name _____ Physician's Signature _____

Physician's Address _____ Physician's Phone _____

City, State, Zip _____