

Parent's Request for Administration of
Non-Prescription Medication by School Personnel

TO: Sr. Margaret Hartman, Principal, St. Helen School

Since the medication I am requesting your personnel to administer cannot be scheduled during non-school hours and **can** be administered by **medically untrained personnel**, the following information is provided:

Student's Name _____

Student's Address _____

Phone Number _____

Reason for Medication _____

Medication: Name _____
(All non-prescription medications with the exception of aspirin)

Dosage _____
(Strength of medication and amount to be given)

Time _____

Adverse Reactions _____
(If these occur, report to physician and parent)

Physician's name and phone number

Do you wish to be called when student requests medication? Yes _____ No _____

The parent/guardian must bring the medication to school and give it to the school nurse. The student should not carry the medication or self-administer it.

NOTE: Please supply medication in original container labeled with student's name.

Re: _____ (student)
We/I as the parent(s) or legal guardian(s), expressly assume liability and agree to indemnify and hold harmless
St. Helen School, its employees, servants, and agents for all liabilities, claims, demands, and actions said student, or any person on behalf of said student, for any injuries that may have been caused, or alleged to have been caused, directly or indirectly, or by any act of omission or commission, negligent or otherwise, by St. Helen School, its employees, servants, and agents in connection with the administration of the medication herin requested.

Parent's Signature _____ Date _____