

Physician Request for Administration
of Prescription Medication by School Personnel

To: Sr. Margaret Hartman, SND, 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 _____

Reason for Medication _____

Medication: Name _____

Dosage _____

Time _____

Adverse Reactions _____

(If these occur, report to physician and parent)

Discontinue medication on (date) _____

Physician's Signature _____

Physician's Address _____

Physician's Phone Number _____

Date signed _____

Parent Request for Administration
of Prescription Medication by School Personnel

To: Sr. Margaret Hartman, SND, Principal, St. Helen School

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 herein requested.

We (I), shall be responsible to notify the school immediately if the medication is terminated for any reason, or if the prescribing physician no longer treats our child.

Signature of
Father _____ Date _____

Signature of
Mother _____ Date _____