

ST. MICHAEL SCHOOL

723 Sutton Place
Findlay, OH 45840
419-423-2738
FAX 419-423-2720

"A tradition of excellence since 1894"

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PARENTS' PERMISSION AND RELEASE FOR SCHOOL PERSONNEL TO OVERSEE TAKING MEDICATION AND RELEASE FROM LIABILITY.

I hereby request and give the Principal or other appropriate school personnel the right to oversee the taking of prescribed medication noted below. I understand that the school undertakes no responsibility to diagnose, treat or dispense medication, but will only administer or oversee that medication stated as directed and authorized. I agree to submit a revised physician's statement if any of the information changes.

Name of child: _____

Name of drug or medication: _____

Dosage: _____ at _____

Starting Date _____

Other medication or drugs child is taking: _____

In consideration for the overseeing and administration of medication for this child, I hereby release, discharge and indemnify the Diocese of Toledo, the Toledo Catholic/Private Schools, this school, the Principal of the responsible school and his/her designee and any other persons involved in the overseeing and administration of medication or drugs herein described, from all claims, demands, actions, judgments and executions which may arise from the overseeing or administration of the medication, The undersigned have read this form and understand all of its terms.

Date _____

Parent/Legal Guardian

Parent/Legal Guardian

If parents share custody under a court agree, both must sign.