

ST. PATRICK SCHOOL
PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOL

My child, _____, a student at St. Patrick School in Grade _____, requires medication during the school day as prescribed by his/her physician. I hereby request that the School Nurse, or some other staff member designated by the Principal, keep the medicine in his/her custody and assist my child in taking the same in accordance with the physician's directions specified herein and with the requirements of relevant State Board of Education regulations.

In making this request, we, the parents, agree that we will not hold liable the Diocese of Manchester or any member of the school staff whose duty it is to assist our child in taking oral medicine, and further we agree to hold harmless and indemnify the Diocese of Manchester and any such member of the school staff for any and all losses that may be occasioned as the result of assisting our child in taking such oral medicine, WHICH ARE IN THE ORIGINAL PHARMACY CONTAINER. This includes injectable emergency medication. I also give the School Nurse or Principal permission to confer with the physician, if necessary.

1. Identification of Medication: _____
Dosage: _____
Method of Taking: _____
Time Schedule to be observed: _____
Reason for giving Medication: _____

2. Identification of Medication: _____
Dosage: _____
Method of Taking: _____
Time Schedule to be observed: _____
Reason for giving Medication: _____

This order is effective until _____

Date: _____ Signature of Parent: _____

Telephone #: _____