



Saint Kilian Parish School

MEDICATION PERMISSION FORM

Following school policy, ALL medication sent to school must:

1. Be in the original container
2. Have either a prescription label or *Private Physician Request for Administration of Medication during School Hours* form completed by your healthcare provider.

PRESCRIPTION MEDICATION

Student's Name:		Homeroom:
	#1:	#2:
Medication		
Time		
Amount Sent		
Reason for Medication		
Healthcare Provider	Name: Phone:	Name: Phone:

My signature below confirms that we have requested the school, the principal or their designee to administer the medication/s at such time or times as may be directed in writing by the Licensed Healthcare Provider. We will furnish you with a supply of medication and agree, as an inducement to you to comply with our request, to relieve Saint Kilian Parish School, the school staff and school nurse from liability for injury due to use, misuse, or abuse of the said medication or from any kind of injury which may arise from the administration of said medication to our child, whether such damage, injury, use, misuse, or abuse be caused by or result from the negligence of Saint Kilian Parish School, it's servants, agents, or any other person or persons whatsoever.

I understand that a school nurse is not available during the school day to assess my child's need for this medication. I understand that my signature below also gives permission for the principal or designee to contact our physician or dentist as necessary regarding the medication I am asking the school to administer.

I understand that this release must be notarized unless it is signed at school and witnessed by a member of the school staff.

In witness whereof and intending to be legally bound hereby, we here unto set our hands and seal the ____ day of _____, 20__.

Parent Signature: _____

Witness Signature: _____ (school staff)

This section is for use by Notary if necessary:

Sworn to and subscribed before me, a notary public, this ____ day of _____, 20__.

Notary Public

SEAL

Parent/Guardian phone numbers

Home:

Cell:

Work: