Cathedral-Carmel School

OVER THE COUNTER MEDICATION ADMINISTRATION FORM

This is only for medications brought in from outside. This does not include medications in the nurse's office offered to students as needed.

Student's Name _____ Grade _____

Address _____ Phone Number _____

PARENT'S RELEASE FROM LIABILITY

For and in consideration of allowing said child to attend school in spite of his specific health problem, we hereby release, relieve, and discharge Cathedral-Carmel School, St. John's Cathedral Parish, the Diocese of Lafayette, and/or any of their agents or employees from any and all liability for any injury or damage to the said child arising out of, related to, or resulting from the said child taking medication during school hours. I have read, understood, and agreed to the school's regulations concerning giving medication at school.

_____ _____

Signature of Parent / Guardian Date

Parents/Guardians: Please read all the following information regarding medication administration at school and sign to acknowledge that you have read and understand this information.

Before any medication can be given at school I agree to:

- Provide a signed, fully completed ***Over the Counter Medication Administration Form.***
- Medication must be brought in by a parent and must be in the original bottle or container. Medication cannot be expired and must have clear directions for use.
- A new medication form and medication supply must be provided each school year.
- At the end of the school year, medication must be picked up or it will be disposed of within one week.
- Please list all OVER THE COUNTER medications that will be left at school for your child.

1. _____
2. _____
3. _____
4. _____

I HAVE READ AND AGREE TO THE ABOVE INFORMATION.

SIGNED: _____ _____

Parent/Guardian's Name Date

Appendix WW