



ST. DIDACUS PARISH SCHOOL
MEDICAL RELEASE FORM 2008-2009



No medication of any kind (including over-the-counter) will be distributed to a student without this medical release form signed by a parent/guardian.

As the undersigned parent/guardian, I request that my child _____ be given the medication listed below, according to the following directions:

Name of Medication: _____

Prescription: _____

Date of Expiration: _____

Dosage: _____

Dates and Time to be given: _____

Further Instructions: _____

Students who use inhalers or other breathing devices must be capable of administering their own medication.

I understand that it is the students' responsibility to come to the office for their medication at the appointed time.

I further understand that this is primarily a parental responsibility. Acting on my behalf, this medication may be given, to the student, by an authorized agent of St. Didacus Parish School. I also acknowledge this agent is not a professional medical person. Therefore, I release St. Didacus Parish School and any and all of its agent from any liability for the distribution of this medication to my child.

Any medication not picked up in the school office by a parent, at the end of the school year) or by the expiration date, if sooner) will be destroyed.

Parent/Guardian Signature: _____

Date: _____

Please Note: If your child experiences frequent headaches we ask that in a plastic sandwich bag with your child's name please bring from home your child's Tylenol, Advil, etc. The school office will notify the parent letting them know that your child came in for some Tylenol. We do not supply this in the school office. Thanks!

