



ADMINISTRATION OF MEDICATION FORM

This form must be completed in its entirety annually for each child who requires administration of any type of medication on a regular or "as needed" basis during school hours. This form must be completed if administration of any medication, prescription or non-prescription (i.e. Advil, Benadryl, Tylenol, cough syrup, etc.) is required. Such medications must be provided with this completed "Administration of Medication Form."

Child's Name: _____ Child's Age: _____ Child's Grade Level: _____

Home Address: _____ Phone Number: _____

Parent's Release From Liability

For, and in consideration of, allowing child named above to attend school in spite of his/her specific health problem, I hereby release, relive and discharge St. Pius Elementary School and St. Pius X Church 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 child taking medication during school hours.

I have read, understand and agree to the school's regulations concerning giving medications at school.

Signature of Parent or Legal Guardian

Date

To Be Completed By Named Child's Physician

Diagnosis: _____ Duration of Order for Medication: _____

Reason Medication is Needed: _____

Medication Dosage and Route: _____

Time of Day to Be Administered: _____

Printed Name of Physician: _____

Address of Physician: _____ Phone Number: _____

Original Signature of Physician
(Signature Stamp Not Acceptable)

Date