

**PARENT REQUEST FOR ST. ALBERT THE GREAT TO ADMINISTER  
MEDICATION FOR TODAY**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

To St. Albert the Great School Personnel: I request that personnel administer to my child, named above, the following medication:

Name of medication \_\_\_\_\_ Prescription Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give Dr. \_\_\_\_\_

Give dosage amount to be administered at school \_\_\_\_\_

Time to administer \_\_\_\_\_

Special instructions about medication/administration \_\_\_\_\_

I understand that medication must be brought to the office and that I or my child will pick up the medication after its usage. I understand that medication must be in its original container with the dosage correctly labeled and that school personnel will not administer any medication in which the dosage is not indicated on the medication container. School personnel will assist as much as possible in helping my child to remember to take the medication at the proper time, they assume no responsibility in this regard.

I understand that the school is not a medical facility and that there is not a trained, licensed medical person available to administer medication treatment. I understand that medical assistance other than what is outlined above (i.e. dispensing the above medication) will require the parent to come to school or emergency medical help (EMS) to be called.

In consideration for the assistance of the school personnel in helping to administer this medication to my child, I agree to release and save harmless any and all St. Albert school personnel, and St. Albert Parish personnel from any and all harm or damages that may occur to my child as a result of this request.

Printed name of parent \_\_\_\_\_

Phone \_\_\_\_\_

Signature of parent \_\_\_\_\_

Date \_\_\_\_\_