



St. Aloysius Catholic School

PARENT'S PERMISSION AND RELEASE FOR SCHOOL PERSONNEL
TO OVERSEE TAKING OF MEDICATION AND RELEASE FROM LIABILITY

I hereby request and give the Principal or other appropriate school personnel the right to oversee the taking of prescribed medication listed below. I understand that the school undertakes no responsibility to diagnose, treat or dispense medication but will only administer or oversee the medication stated as directed and authorized. I agree to submit a revised physician's statement if any of the information changes.

Name of Child: _____

Name of drug or medication: _____

Dosage: _____ at _____ (time)

Date: _____

Other medication or drugs child is taking: _____

In consideration for the overseeing and administration of medication for this child, I hereby release, discharge, and indemnify the Diocese of Toledo, the Toledo Catholic/Private Schools, St. Aloysius School, the principal of the responsible school and his/her designee and any other persons involved in the overseeing and administration of medication or drugs herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing or administration of the medications. The undersigned have read this form and understand all of its terms.

Date: _____

Parent/Legal Guardian Phone

Parent/Legal Guardian Phone

*If parent share custody under a court agreement, both must sign.

