

Appendix E

Lial Catholic School
5700 Davis Road
Whitehouse, Ohio 43571
FAX 419-877-9385
Phone 419-877-5167

Physician's Request For Administration Of Medication By School Personnel

Written permission must be obtained from a physician and parent before any medication (prescribed or over-the-counter) can be administered during school hours. Medication must be in the original, labeled container in which it was dispensed. Medication is to be brought to school by an adult.

PHYSICIAN'S STATEMENT:

_____ is under my care and should receive
(Name of Student)

(Name of Drug, Dosage, and Route)

At the following times: _____

Beginning Date: _____

Ending Date: _____

Specific Instructions for Administration or Storage: _____

Possible Side Effects: _____

(Physician's Signature)

(Date)

(Physician's Address)

(Physician's Phone Number)

PARENT'S STATEMENT: In consideration of the overseeing and dispensing of the above referenced child, I hereby release and discharge the Toledo Catholic/Private Schools, the Principal of the responsible school, his/her designees, and any other persons connected with the overseeing and dispensing of medication or drugs herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing and dispensing of the medication. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regime or the authorizing physician. The undersigned has read this form and understands all of its terms.

(Parent or Guardian Signature)

(Date)