

**St. Veronica School  
2008-2009  
Medication Release Form**

**Physician's Request for the Administration of Medication by School Personnel  
(prescription or over-the-counter)**

\_\_\_\_\_ is under my care and should receive \_\_\_\_\_  
Name of Student Name of Drug & Dosage  
at the following times \_\_\_\_\_

Specific instructions for administration \_\_\_\_\_

Possible side effects to watch for \_\_\_\_\_

Expiration date of this request \_\_\_\_\_

Date \_\_\_\_\_  
\_\_\_\_\_  
Physician's signature  
\_\_\_\_\_  
Physician's Phone Number

**Parent's Request for the Administration of Medication by School Personnel  
(prescription or over-the-counter)**

I hereby request and give my permission to the principal or his/her delegate (school nurse or other responsible adult) to administer the above medication to my child. In consideration for St. Veronica School and its designated employees administering the prescribed or over-the-counter medication to my/our child as I/we are unable to do so during school hours, I/we, on behalf of ourselves and our heirs, administrators, executors, successors, assigns, and my/our child, do hereby and fully and forever release, acquit, and discharge St. Veronica School Board of Education, Education Commission Members individually and the employees of said school administering the prescribed or over-the-counter medication from any and all liability, actions, causes of actions, claims, and demands of whatever kind of nature that I/we may have on behalf of myself/ourselves and my/our named child on account of any and all injuries, losses, and damages which my/our named child may sustain from the administering of the prescribed or over-the-counter medication or any injury or damages that may result from my/our child's failure to take the prescribed or over-the-counter medication as administered by an employee of the school.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signatures of parents/legal guardians

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

**St. Veronica School is not permitted and will not administer any medications  
(prescribed or over-the-counter)  
to any student without this form signed by both the parents and physician**