



**Authorization for  
Prescription and Non-Prescription Medications**

School Year: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

☐ Prescription      ☐ Non-Prescription      Refrigeration Required: ☐ YES      ☐ NO

Medication: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If prescription, Prescriber's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_

Dates for Administration: From \_\_\_\_\_ To \_\_\_\_\_

Special Instructions, i.e. symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

\_\_\_\_\_  
\_\_\_\_\_

I understand that some non-prescription and prescription medications, which may include the above listed medication, might cause my child to suffer an adverse reaction or other serious medical condition. I hereby release, waive, discharge and covenant not to sue the Diocese, Parish, School or their employees, officials, agents or volunteers for any liability for damages, injury or death that may result from ill effects or adverse reactions to this medication.

I authorize this medication to be administered at the school by staff persons or volunteers who are not physicians, licensed registered nurses (RN's), or licensed practical nurses (LPN's). I understand, acknowledge and approve that the individuals administering the medication do not have any form of medical license and will not perform a medical assessment of my child prior to administering the authorized medication.

Further, I acknowledge that the school bears no responsibility for ensuring the medication is administered and that the Diocese, Parish, School or their officials, employees, agents or volunteers may decline to administer the medication. If the School declines to administer the medication, the school will take reasonable steps to notify you that the medication will not be administered.

The medication **MUST** be provided in its original container with a legible label and authorized for the dosage recommended for children on the package.

**I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT IN FULL AND THAT I HAVE THE LEGAL AUTHORITY TO CONSENT TO THE ADMINISTRATION OF THIS MEDICATION.**

Printed Name of Parent: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIDENTIAL – A COPY WILL BE KEPT IN STUDENTS'S FILE.**