

ST. MARY'S SCHOOL  
LONG TERM MEDICATION RELEASE

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Grade \_\_\_\_\_

I request and authorize that the above named student be administered/provided the below identified medication(s) in accordance with the instructions indicated below from \_\_\_\_\_ to \_\_\_\_\_ (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

\_\_\_\_\_  
(Parent/guardian signature) \_\_\_\_\_  
(Physician's name)  
\_\_\_\_\_  
(Physician's phone number)

Medications, Amounts, and Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child is knowledgeable about this medication and how to administer it \_\_\_\_\_

Child may self-administer \_\_\_\_\_

Possible side effects \_\_\_\_\_

Reason for medication \_\_\_\_\_

PLEASE PRESENT THE MEDICATION IN THE PROPERLY LABELED BOTTLE OR CONTAINER FROM YOUR PHARMACY.

I absolve school personnel and St. Mary's School from liability stemming from adverse reactions and all other adverse effects which may occur because of the administering of such prescribed medication.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian)