

ST. MARY'S SCHOOL
SHORT TERM MEDICATION RELEASE

I request that St. Mary's School personnel administer medication to my child, _____, Birth Date _____
(Name of child)

Grade _____

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

PLEASE GIVE THE FOLLOWING INFORMATION:

Name of medication _____

Doctors name _____ Phone number _____

How much or how many to be given _____

Time to be administered _____

Duration medication to be given _____

Possible side effects _____

Reason for medication _____

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)