

RELEASE FOR DISPENSING OF MEDICATION

This form must be completed in order for the school to administer all medication, including over the counter/non-prescription medication. A new *Release for Dispensing of Medication* form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication (Tylenol, Tums, cough drops, etc.) must be in the original container with the label intact.
- **Gabriel Richard Catholic High School will not administer medication without both parent/guardian permission and physician approval and instructions.**

To Be Completed by Physician/Licensed Prescriber

Student Name: _____ Date of Birth: _____ Grade: _____

Medication Name: _____

Dosage: _____

Route: _____

Time/Frequency of Medication: _____

Side Effects, if Any _____

Physician/Prescriber's
Name & Title: _____

Physician Signature: _____

Date: _____

To Be Completed by Parent/Guardian

- Check here and attach Emergency Medical Care Plan if this is for an asthma inhaler or epinephrine auto-injector. The student will possess and use at his/her own discretion in school or at school activities, as permitted in Public Act 10 (380.1179) – Revised School Code.**

I/We request designated school personnel to administer the medication as prescribed by the above student. I/We certify that I/We have legal authority to consent to medical treatment for student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise, it will be discarded.

I/We hereby waive any liability whatsoever against Gabriel Richard Catholic High School or the Archdiocese of Detroit or any of its personnel, that might occur as the result of administering said medication in the indicated dosage at the time requested to our son/daughter/ward.

Parent/Guardian Signature: _____ Date: _____