

RELEASE FOR DISPENSING OF MEDICATION

I, the undersigned parent and/or guardian of:

_____ Born ____/____/____ Grade _____
(Student's Name) Mo Day Yr

do hereby sign and execute this release on my behalf and on behalf of my minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

SIDE EFFECTS: _____

ADVERSE REACTIONS: _____

(ATTACH DOCTOR'S NOTE REGARDING ADMINISTRATION OF PRESCRIPTION MEDICATION)

(Doctor's Signature)

(Please print doctor's name)

() _____
(Phone Number)

(Date)

To Be Completed by Parent/Guardian:

I 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 giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

**SCHOOL PERSONNEL WILL NOT DISPENSE OR ADMINISTER ANY MEDICINE
TO STUDENTS WITHOUT BOTH PARENT PERMISSION
AND PHYSICIAN INSTRUCTIONS.**