



**PARENT REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL
AND RELEASE FROM LIABILITY FORM**

***This form must be presented to the school when a student returns with medication.
St. Boniface School fax # (618) 692-8385***

I/we, the undersigned parents/guardian of the minor child, _____,
a student at St. Boniface School, hereby request said school to allow said child to
attend school in spite of his/her special health problem and to be given:
(Name of medication) _____ prescribed by
(Physician's name): _____ for the period of:
(starting date): _____ to (ending date): _____
under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with said
child's name, doctor and pharmacy, name of drug, and the specific dosage and time it is to be given
at school. I/we assume all responsibility for any mistake in furnishing an incorrect dosage or
information. For, and in consideration of allowing said child to attend school in spite of his/her
special problem, we hereby release and discharge St. Boniface School and/or any of
its agents or employees from any and all liability for any injury or damage to the health of said child
arising out of or resulting from the necessity of said child having to take medication during school
hours.

I/we have read, understand, and agree to the school's regulations concerning giving
medication at school.

Signature _____ Date _____

Printed Name _____

Address _____

Telephone number: _____

