



28702 EUCLID AVE. | WICKLIFFE, OHIO 44092 | 440-943-1395 | FAX: 440-943-4468 | ALLSAINTSSJV.ORG

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF RX MEDICATION BY SCHOOL PERSONNEL

_____ who resides at _____
Name of Student Date of Birth Address

is under my care and should receive the following medication indicated: _____
Name of prescribed drug

_____ at the following times: _____
Dosage, Route

Specific instructions for administration: _____

Possible side effects to watch for: _____

Beginning date of this request: _____ Expiration date of this request: _____

_____ _____ _____
Date Physician's Signature Physician's Phone Number

It is not possible for the above specified medication to be taken at home under the supervision of a parent and it is, therefore necessary that the specified medication be administered during school hours. The medication provided shall be in the original container obtained by the parent/guardian from the pharmacist. This medication can be safely administered by non-medical personnel.

_____ _____
Signature of Parent/Guardian Date

PARENT REQUEST FOR THE ADMINISTRATION OF OTC (over the counter) MEDICATION BY SCHOOL PERSONNEL

I hereby request and give permission to the principal or his/her designee (e.g., school nurse or responsible person) to administer the following medication to my child.

Name of Student: _____ Grade: _____

Name of Drug: _____ Dosage: _____ Route: _____

At the following times: _____

Start Date: _____ End Date: _____

Please regard my signature below as my assurance that I release the Diocese of Cleveland, All Saints of St. John Vianney School, PSI, and any or all the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

_____ _____
Signature of Parent/Guardian Date