SAINT THOMAS THE APOSTLE SCHOOL

306 W. Jourdan Street
P.O. Box 26
Newton, Illinois 62448
Phone (618) 783-3517
Fax (618) 783-2224

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FROM LIABILITY

This form must be returned to school when a student requires medication.

I/We, the undersigned parents/guardians of the minor child, _____, a student at St. Thomas School, hereby request St. Thomas School to allow said child to attend school in spite of his/her special health

problem to be given medications prescribed by _____ from _____ to _____ 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 drug store, name of drug, and the specific time it is to be given at school. I/We assume all responsibility for any mistake in furnishing an incorrect dosage. For and in consideration of allowing said child to attend school in spite of his/her special problem, we hereby release, relieve, and discharge St. Thomas 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 _____

Address _____ Phone _____

STATEMENT OF PHYSICIAN

Date _____

_____	St. Thomas School	_____
Name of Student	School	Child's Date of Birth
_____	_____	_____
Diagnosis	Name of Medication	Dosage
_____	_____	_____
Time Administered	Method of Administration	Discontinue Date

_____ _____

Predictable Side Effects Contraindications

_____ _____

Physician's Signature Physician's Phone

_____

Physician's Address

All medications will be kept in a locked drawer. The principal will administer, or designate an appropriate person to administer, the medication.