PHYSICIAN'S STATEMENT FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Name of Child _____DOB _____

Address _____Home Phone _____

Condition for which medication is to be given _____

Name of Medication (**one form per medication**) _____

Method of administration: Oral _____ Inhalator _____Injection _____ Other _____

Dose _____ Schedule of Dose _____

The medication is to continue until _____

Precautions advised _____

Possible reactions to medication _____

Actions to be taken in case of reaction to medication _____

_____

Check one below:

_____ I authorize this child to self-administer the above medication.

_____ I authorize designated school personnel to administer the above medication.

Physician Name and Address
_____
_____
_____

Date _____
Phone _____

_____
Physician Signature

****

Parent/Guardian Request for Administration of Medication by School Personnel and Waiver and Release from Liability

The undersigned herby requests St. Anne School to assist _____ in the matters set forth in the above Physician's statement.

Name of Parent/Guardian _____

Phone of Parent/Guardian for contact during school hours _____

Language used at home _____

I will notify the school immediately if there is a change in my child's medication schedule or if the physician prescribing the medication is no longer providing health care for my child.

I understand it is my responsibility to send the medication to school in the original pharmacy container including the child's name and the doctor's instructions.

Check one below:

_____ I authorize _____to self-administer the above medication.

_____ I authorize designated school personnel to administer the above medication.

I understand that St. Anne School reserves the right to discontinue its involvement in the above administration of medication.

I UNDERSTAND THAT ST. ANNE SCHOOL IS NOT LEGALLY OBLIGATED TO STORE OR ADMINISTER MEDICATION FOR STUDENTS. THEREFORE, IN CONSIDERATION FOR THE ABOVE ARRANGEMENTS, THE UNDERSIGNED DOES HEREBY RELEASE AND DISCHARGE THE ARCHDIOCESE OF SAN FRANCISCO, ITS CONSTITUENT ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO ST. ANNE PARISH/SCHOOL AND THEIR OFFICERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS FOR PERSONAL INJURIES OR PROPERTY DAMAGE THAT I OR MY CHILD MAY SUFFER AS A RESULT OF THIS ARRANGEMENT WHETHER OR NOT SUCH INJURIES OR DAMAGE ARE CAUSED BY THE NEGLIGENCE (WHETHER ACTIVE OR PASSIVE) OF ANY OF THE ENTITIES OR INDIVIDUALS NAMES OR DESCRIBED ABOVE.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE