

**Our Lady of Fatima Catholic School
ADMINISTRATION OF MEDICATION FORM**

This form must be completed in its entirety for each child who requires administration of medication on a regular basis or "as needed" for a required length of time. This pertains to all prescription or over the counter medications to be administered due to illness or injury.

Student _____ Grade _____ Homeroom _____ Date _____
Address: _____ Phone number: (____) _____

Parent's Release from Liability

For, and in consideration of, allowing the child named above to attend school in spite of his/her specific health problem, I hereby release, relieve and discharge Our Lady of Fatima Catholic School and Our Lady of Fatima Parish, the Diocese of Lafayette and/or any of their agents or employees from any and all liability for any injury or damage to the said child arising out of, related to, or resulting from the child taking medication during school hours.

I have read, understand and agree to the school's regulations concerning administering my student medication during school hours.

(Signature of Parent/Legal Guardian)

Date

Diagnosis:

List Name of Medication(s):

Reason Medication is needed:

Medication Dosage:

Time of Day to be administered:

All medicine, including Epi pins and inhalers must be kept in the workroom.