

11. Name of parent or guardian _____

12. Telephone where a parent/guardian can be reached during the school day _____

13. Language(s) used at home _____

I will notify the Principal of 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 give _____ permission to self-administer the above referenced medication.

_____ I authorize designated school personnel to administer this medication.

I understand that _____ School reserves the right to discontinue its involvement in the above referenced administration of medicine.

I UNDERSTAND THAT _____ IS NOT LEGALLY OBLIGATED TO STORE OR ADMINISTER MEDICATION FOR STUDENTS. THEREFORE, IN CONSIDERATION FOR THE ABOVE REFERENCED ARRANGEMENT, THE UNDERSIGNED DOES HEREBY RELEASE AND DISCHARGE THE ARCHDIOCESE OF SAN FRANCISCO, ITS CONSTITUENT ORGANIZATIONS, INCLUDING, BUT NOT LIMITED TO _____ PARISH/SCHOOL AND THEIR OFFICERS, AGENTS AND EMPLOYEES, FROM ANY AND ALL CLAIMS FOR PERSONAL INJURIES OR PROPERTY DAMAGE THAT I OR MY CHILD MY 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 NAMED OR DESCRIBED ABOVE.

Signature of Parent or Guardian

ONE MEDICATION PER FORM, PLEASE

Return completed form to the Principal.