

St. Elizabeth Elementary School

Parent Request for Administration of Medication And Agreement of Release and Indemnity

We request that school personnel of St. Elizabeth Elementary School administer medication per Physician's Form A (see next page) to our child, _____, according to the direction of our attending physician. In making this request, we acknowledge that we have been advised that no physician will be present or available during the administration of medication, that a school nurse may not be present or available for this purpose, and that medication may be administered by a person with no medical training.

We acknowledge our awareness that the administration of medication under the anticipated circumstances might pose a substantial risk.

We agree to indemnify, defend and hold harmless St. Elizabeth Elementary School, parish, and the Roman Catholic Diocese of Pittsburgh, and their agents and employees from any suit or proceeding brought to enforce any such claim, cause of action or liability. We enter into this agreement of release and indemnity voluntarily and without coercion for the purpose of inducing the employees of St. Elizabeth Elementary School to administer medication to our child.

Date

Parent/Guardian

Parent/Guardian

(signature of all parents/guardians required)

This document is required by Diocesan policy before medication may be administered to a child.

**PHYSICIAN'S INSTRUCTIONS
CONCERNING MEDICATION GIVEN AT SCHOOL**

It is required by _____ School that the attending physician fill out the following form for all medications to be given during the school hours.

Student's Name

Date

Medication and Dosage

Name

(Date _____ to _____ Date)
Duration of Medication

Condition for which Medication is Requested

Possible Side Effects

Physician's Phone Number

Physician's Signature

Please send the medication to school in the prescription bottle with this form and deliver it to:

Name: **School Nurse**

School Address: **St. Elizabeth Elementary School
Grove Place
Pittsburgh, PA 15236**

Fax: 412-882-0111