



Most Blessed Sacrament Parish School
 4255 Bellevue Road
 Toledo, Ohio 43613
 Telephone: 419.472.1121 Facsimile: 419.472-1679
www.school.blessedsacramenttoledo.com

PARENTAL/PHYSICIAN PERMISSION TO ADMINISTER MEDICATION

This form must be completed by the prescribing physician and parent(s) prior to administration of medication by Blessed Sacrament School personnel. This form is intended for all non-prescription (over-the-counter) and prescription medication. All medication, prescription and non-prescription, must be in the original container in which it is purchased or dispensed by the prescribing physician or licensed pharmacist.

STUDENT'S NAME: (Last, First)			
GRADE/ROOM:		DATE OF REQUEST:	(mm/dd/yy)
NAME OF MEDICATION:			
DOSAGE:		FREQUENCY:	
REASON FOR TAKING MEDICATION:			
SPECIAL INSTRUCTIONS FOR ADMINISTRATION:			
DATE MEDICATION IS TO START:	(mm/dd/yy)	DATE MEDICATION IS TO END:	(mm/dd/yy)
POSSIBLE ADVERSE REACTIONS OR SIDE EFFECTS:			
OTHER MEDICATIONS THAT STUDENT IS TAKING:			

PHYSICIAN'S SIGNATURE: _____

DATE: _____

PHYSICIAN'S PHONE NUMBER: _____

FOR THE PARENT:

I hereby request and give the school personnel the right to oversee administering prescribed medication noted below. I authorize the school personnel to administer medication or procedure as instructed by the physician and agree:

1. To personally deliver the medication to the school.
2. To notify the school if the physician is changed.
3. To notify the school if the medication, the dosage or procedure is changed or to be eliminated.

In consideration from the overseeing and administration of medication for my child, I hereby release, discharge and indemnify the Diocese of Toledo Catholic/Private Schools, Blessed Sacrament School, and the school personnel in the overseeing and administration of medication herein described from all claims, demands, action, judgments and executions which may arise from the overseeing or administration of the medication. The undersigned have read this form and understand all of its terms.

PARENT SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____