

REQUEST FOR DISPENSING MEDICATION AT HOLY SPIRIT SCHOOL

I request school personnel to dispense to: \_\_\_\_\_  
(student name)

the medication prescribed by: \_\_\_\_\_  
(physician's name)

for the period from \_\_\_\_\_ to \_\_\_\_\_ or as  
(date) (date)

needed during the school year as symptoms arise.

The medicine is to be provided by the parent in a closed container, labeled with the name of the medicine, the amount to be given, the time of day to be given, and the expected duration of treatment. If it is a prescription, the medication must be provided in the original prescription container with the physician's name on the label.

Name of medicine: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

Time of day to be given: \_\_\_\_\_

Duration of treatment: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

\_\_\_\_\_

I hereby give permission to the school personnel (secretary, principal, teacher) to give the medication(s) to my child according to the directions stated above and further authorize them to contact the child's physician. I agree to hold Holy Spirit School and its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of medication at school.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of parent/guardian)

\_\_\_\_\_  
(phone number)