



**REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL  
AND RELEASE FROM LIABILITY FORM**

***This form must be presented to the school when a student returns with medication.***  
**St. Boniface School Fax # (618) 692-8385**

I/we, the undersigned parents/guardian of the minor child, \_\_\_\_\_, a student at St. Boniface School, hereby request said school to allow said child to attend school in spite of his/her special health problem and to be given medication prescribed by (doctor's name) \_\_\_\_\_ from (starting date) \_\_\_\_\_ to (ending date) \_\_\_\_\_ under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor and drug store, name of drug, and the specific time it is to be given at school. I/we assume all responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special problem, we hereby release and discharge St. Boniface School

and/or any of its agents or employees from any and all liability for any injury or damage to the health of said child arising out of or resulting from the necessity of said child having to take medication during school hours.

I/we have read, understand and agree to the school's regulations concerning giving medication at school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_