

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

I/we, the undersigned parents/guardian of the minor child,
_____, a student at Central Catholic School, hereby
request the school to allow said child to attend school while taking medication from
_____ to _____.

If I/we furnish any form of medication, prescription or non-prescription, it must be
labeled with said child's name, name of medication and dosage. It must be accompanied with
instructions, including the specific time it is to be taken at school. I/we assume all
responsibility for any mistake if furnishing incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special
needs, we hereby release, relieve and discharge Central Catholic School,
Parish and the Diocese of Houma-Thibodaux, 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 further release Central Catholic School, Parish and the Diocese of
Houma-Thibodaux from any and all liability whatsoever, and for any cause whatsoever which
may result from the storing of medication, prescription or non-prescription.

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

Medication _____ To be administered by: _____
Parent/Guardian
Dosage: _____ Child
Instructions: _____

Signature of Parent/Guardian

Signature of
Parent/Guardian

Address

Telephone Number

Date