St. Bernadette School
1453 Locust Lake Rd.
Amelia, OH 45102
Phone - 753-4744 / Fax - 753-9018

MEDICATION AUTHORIZATION
(Prescription or over-the-counter)

Student's Name: _____ **Date:** _____

Teacher's Name: _____ **Gr.** _____

Part I: To be completed by Parent/Guardian

I hereby request and give my permission to the principal or his/her delegate (school nurse or other responsible adult) to administer the medication listed below to my/our child. In consideration for St. Bernadette School and its designated employees administering the prescribed or over-the-counter medication to my/our child as I/we are unable to do so during school hours, I/we, on behalf of ourselves and our heirs, administrators, executors, successors, assigns, and my/our child, do hereby and fully and forever release, acquit, and discharge St. Bernadette School and its employees administering the prescribed or over-the-counter medication from any and all liability, actions, causes of actions, claims, and demands of whatever kind of nature that I/we may have on behalf of myself/ourselves and my/our named child on account of any and all injuries, losses, and damages which my/our named child may sustain from the administering of the prescribed or over-the counter medication or any injury or damages that may result from my/our child's failure to take the prescribed or over-the-counter medication as administered by an employee of the school.

_____ _____
(Parent's /Legal Guardian's Signature) ***(Date)***

_____ _____
(Parent's /Legal Guardian's Signature) ***(Date)***

Part II: To be completed by Physician

Diagnosis: _____

_____
(Medication) ***(Dosage)*** ***(Route of administration)*** ***(Time/Frequency)***

If PRN, state frequency or indication: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reaction: _____

Other Recommendations: _____

_____

_____ _____ _____
(Physician's Name -- Please print) ***(Phone Number)*** ***(FAX Number)***

_____ _____
(Physician's Signature) ***(Date)***

St. Bernadette School is not permitted and will not administer any medication (prescribed or over-the-counter) to any student without this form signed by both the parent/legal guardian and physician.