



Request for Assistance in the Dispensing Medication

I hereby request and give my permission to school personnel to assist in administering medication to my child.

Name of Student: _____

Name of Medication: _____ Dosage: _____

Specific instructions and time for administration: _____

Name of Physician: _____ Phone: _____

I/we understand and acknowledge that the school personnel are under no obligation to render the assistance requested and that such assistance may, in the absence of a school nurse be rendered by any employee of the school who is not medically trained. I/we hereby release Mercy Culture Preparatory, its governing board, its officials and employees, including the appointed designee, from any and all liability for damages or injury directly or indirectly resulting from the performance or failure to perform of the assistance requested.

Parent Name _____ Phone _____

Signature of Parent/Guardian _____ Date: _____

Physician's Direction

Prescription and instruction _____

Possible side effects: _____

Pertinent information that will help us better serve your patient: _____

Date medication is to be discontinued: _____

Physician Signature