



Our Lady of Victory Catholic School

Release for Dispensing of Medication

We, the undersigned parent and/or guardian of:

_____ Born _____ / _____ / _____
(Student's Name) (Grade/Room #) Mo Day Yr

do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

NAME OF MEDICATION: _____

DOSE: _____

TIME TO BE GIVEN: _____

DURATION: _____

ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.

- Check here, if this release is for a metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler, insulin pump or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

_____ (Doctor's Signature) _____ (Please Print Name) _____ (Date)

_____ (_____) _____
(Phone Number)

We hereby waive any liability whatever to the school or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN

_____ (Signature)

_____ (Print Name)

DATE _____