



NAZARETH ACADEMY

206 West Convent
Victoria, Texas 77901

AUTHORIZATION FOR DISPENSING MEDICATION

Please administer the following medication to _____
(name of child)

NAME OF MEDICATION _____

PRESCRIBING PHYSICIAN _____ PRESCRIPTION NUMBER _____

DOSAGE _____ WHEN TO GIVE (time) _____

BEGINNING DATE _____ ENDING DATE _____

I hereby request that the medication specified above be given to the above named student, and that the medication may be given by someone other than a medically trained person.

I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Diocese of Victoria, its servants, agents and employees, including, but not limited to the school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Diocese of Victoria, its agents, servants, or employees, including, but not limited to the school, the principal, and the individual giving or failing to give the medication.

SIGNATURE OF PARENT / GUARDIAN _____ DATE _____

SIGNATURE OF PHYSICIAN / PA / NP _____ DATE _____

PHYSICIAN'S TELEPHONE NUMBER _____ FAX NUMBER _____

(School use only)

SIGNATURE OF PERSON ADMINISTERING MEDICATION

INITIALS

SIGNATURE OF PERSON ADMINISTERING MEDICATION

INITIALS

SIGNATURE OF PERSON ADMINISTERING MEDICATION

INITIALS

