

North American Martyrs School (NAMS)
AUTHORIZATION, RELEASE AND HOLD HARMLESS
for Use/Administration of Prescription Medication During School Hours

I, _____, the parent/legal guardian of the minor child, _____, do hereby request and authorize NAMS personnel to administer prescription medication to my child during school hours as prescribed by the physician:

Name of Medication:	
Diagnosis:	
Purpose of Medication:	
Prescribed Dosage:	
When to Give Medication: - Time or Signs/Symptoms - Frequency	
Date Prescription Begins:	
Date Prescription Ends:	
Route of Administration:	
Special Instructions:	
Possible Side Effects:	
Physician's Name	
Physician's Signature	
Physician's Phone	(____) _____ - _____ <i>The school nurse will call the prescriber, as allowed by HIPPA, if a question arises about the child and/or the child's medication.</i>

I understand and agree that North American Martyrs School does not have a school nurse on staff. I further understand and agree that no teacher, staff member, or student can administer any form of medication except in the case of emergency, in which case medication shall be administered as an ordinary, reasonable, prudent person would do under the circumstances. All medication must be submitted to the school office in the original container or package upon entering the school. Medication shall be distributed in the school office unless special instructions are provided by a treating physician. It is the duty of the parent/guardian to coordinate with the school any requisite training/education in advance of any potential administration of medicine.

INTENDING TO BE LEGALLY BOUND HEREBY, and in consideration for North American Martyrs School's willingness to allow my child to attend school while taking prescription medications, the undersigned agrees to indemnify and hold harmless North American Martyrs School, the Bishop of the Roman Catholic Diocese of Pittsburgh, their officers, agents and employees, from any and all liability for personal injuries (including death) and property damage occasioned by, or in any way connected to my child's receipt/use of prescription medication during school hours.

Date: _____

 Signature of Parent/Guardian

 Date

 Signature of Parent/Guardian

 Date