

2023-2024
REQUEST FOR SELF-ADMINISTRATION OF MEDICATIONS
AND
RELEASE FROM LIABILITY
SACRED HEART-GRIFFIN HIGH SCHOOL

Name of Student

Date

I am requesting that the above named student take the following medication during school hours.

Name of Medication

Type: Tablet, Liquid

Possible Side Effects

I certify that _____ has been instructed in the use and self-
administration of _____.
Name of Student
Name of Medication

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.

I may be reached at the phone number below in the event of a reaction to the medication or an emergency.

I/We hereby release, relieve, and discharge Sacred Heart-Griffin High School and/or any of its employees from any and all liability for any injury or damage to the health of said child arising out of, or resulting from, the necessity of said child having to take medication during school hours. I/we have read, understand, and agree to the school's regulations concerning giving medication at school.

I understand that this form is only valid for the 2023-2024 academic year, and that I will need to complete a new form each year.

Parent Signature

Date

Phone Number

All medication must be labeled with the student's name.