

Waive of Liability

Authorization for the Administration of Medication

St. John the Evangelist Catholic School

Fenton, MI



Date _____

Student birthdate _____

Student Name _____

Medication to be administered _____

Dosage _____

Frequency (daily, hourly, etc.) _____ Time of day _____

This authorization expires _____

I understand and agree that this medication will be administered to my child under the supervision of authorized personnel such as the secretary, principal or teacher. I hereby waive any claim against St. John the Evangelist Catholic School, the Diocese of Lansing and its employees on account of the distribution of this medicine. I further agree that you may contact the physician who prescribed the medicine and I hereby authorize him/her to release to you any and all information regarding my child's condition, treatment, history, prognosis or any other facts in his possession concerning the child.

Parent/Guardian Signature