



STUDENT PERMISSION TO CARRY SEVERE ALLERGY MEDICATION

_____ needs to carry the following medication on his/her person. The above named student has been instructed in the proper use and administration of this medication. It is strongly advised that additional medication be kept in the school office in case the first is lost or left at home.

Medication

Dosage and Directions

Licensed Health Care Provider's Name

Phone Number

I have been instructed in the proper use of my prescription labeled medication and fully understand how it should be administered. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to disciplinary action should another student use my prescription or over the counter medication. I also accept the responsibility for checking in with the school office to keep them informed of use of my medication in case I start having an allergic reaction.

Student's Signature

Date

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription medication described above, at school. I hereby release, discharge and further agree to indemnify, hold harmless, or reimburse Valley Catholic School and the Sisters of St. Mary of Oregon Ministries Corporation, and their respective directors, officers, employees, agents, and volunteers, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of administering such medication to my child, because of side effects, illness or any other injury which might occur to my child through administering such medication, because of lost medication or because my child allowed another student to take the medication. I understand that if my child gives the medication to another student, the privilege of carrying the medication may be revoked and my child may be subject to disciplinary action, including withdrawal from the school.

Parent/Guardian Signature

Date