



ST. THOMAS MORE

CATHOLIC HIGH SCHOOL

Parental Release Form

REQUEST FOR SCHOOL NURSE TO ADMINISTER PRESCRIPTION MEDICATION

Please complete all information on this form and return it to the school office.

1. Child's Name: _____ Grade: _____
2. Medication to be administered: _____
3. Dosage _____
4. Time of day medication is to be administered: _____
5. Possible side effects: _____

PLEASE [CLICK HERE](#) TO DOWNLOAD THE MEDICATION ORDER FORM REQUIRED BY THE STATE OF LOUISIANA. THIS FORM IS TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN AND SUBMITTED TO THE SCHOOL NURSE ALONG WITH THIS RELEASE FORM AND THE LISTED MEDICATION.

I hereby release, relieve and discharge the St. Thomas More Catholic High School and its employees from any and all liability for any injury or damage to health of said child arising out of or resulting from the necessity of said child having to take medications during school hours.

My signature authorizes school personnel to administer the prescribed medication indicated above, as stated on this form, to my child.

Parent Signature

Date

Daytime Phone Number

Alternate Contact Number