



St. Louise de Marillac School
310 McMurray Road, Upper St. Clair, PA 15241
Phone: 412.835.0600 Fax: 412.835.2898
www.stlouiseschoolpa.org

PARENT PERMISSION TO ASSIST WITH MEDICATION AT SCHOOL

Student _____

Diagnosis _____ Medication _____

Prescription Number _____ Date of Prescription _____

Directions including dose and time to be taken _____

Physician's Signature _____ Date _____

I understand fully the directions that have been given to the school by the physician and agree to permit the school personnel to take custody of the medication and assist my child in taking this medication. In consideration of the school district's agreement to use good faith efforts to properly administer this medication, the district is hereby relieved from liability for any failure to properly administer the same.

Parent's Signature _____ Date _____