

NOTRE DAME PREPARATORY AND MARIST ACADEMY

Release Permission Form for Prescribed and Non-Prescribed Medication

We, the undersigned parent/guardian of:

_____ Grade _____ Birthdate: _____ / _____ / _____
(Student's name) Mo Day Year

Do hereby sign and execute this release on behalf of us and our minor son/daughter/ward.

Name of Medication: _____

Dose: _____ Time to be given: _____

Duration: _____

Check here if this release is for metered dose asthma inhaler, insulin pump or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the possession and use by the student as permitted in Public Act 10 - Revised School Code.

*** ATTACH DOCTOR'S NOTE REGARDING EMERGENCY CARE PLAN AND ADMINISTRATION OF MEDICATION.**

NAME OF MEDICATION: _____

(Doctor's Signature) (Please Print Name)

(Phone Number)

TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDS

OVER THE COUNTER MEDICATION: _____

REASON FOR MEDICATION: _____

(Parent/Guardian MUST SUPPLY NDP/MA office with over the counter medication)

We hereby waive any liability whatever to Notre Dame Preparatory School and Marist Academy, the Board of Trustees, the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

(Parent/Guardian Signature) (Date)

(Print Parent Name)