



## ST. JOHN'S JESUIT HIGH SCHOOL

5901 AIRPORT HIGHWAY • TOLEDO, OH 43615  
419.865.5743, Ext. 347 • FAX 419.861.5002

### *Parents' permission and release for school personnel to oversee taking of medication and release from liability*

I hereby request and give permission to the Principal or other appropriate school personnel the right to oversee the taking of prescribed medication noted below. I understand that the school undertakes no responsibility to diagnosis, treat, or dispense medication, but will only administer or oversee the above as directed and authorized.

Name of Child: \_\_\_\_\_

Name of Drug or Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ at \_\_\_\_\_ (time)

Date: \_\_\_\_\_

Other Medication or Drugs Child is Taking: \_\_\_\_\_

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In consideration for the overseeing and administration of medication for this child, I hereby release, and discharge the Diocese of Toledo, the Toledo Catholic/Private schools, this school, the Principal of the responsible school and his/her designee and any other persons connected with the overseeing and administration of medication or drugs herein described, from all claims, demands, actions, judgments, and executions which may arise from the overseeing or administration of the medication. The undersigned have read this form and understand all of its terms.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian

If parents share custody, both must sign.