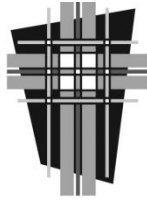


Please return to



ST. ANTHONY
- SCHOOL -

1300 Urban Drive • Columbus, Ohio 43229
p. 614-888-4268 • f. 614-888-4435

**REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION
BY SCHOOL PERSONNEL**

_____ should receive _____

(Name of Drug & Dosage)

Specific instruction for administration: _____

Possible side effects to watch for: _____

Special storage instructions: _____

Reason for administration: _____

I hereby request and give my permission to the school approved personnel to administer the above stated medication to my child. I further acknowledge by signing this form that the school or its personnel are under no obligation to render assistance in the administering medication and do hereby release all designated employees from liability for damages or injury resulting from either performing or not performing the assistance required.

I have read and understand the guidelines for administration of medication.

Name of child: _____

Home Address: _____

School: St. Anthony School Grade: _____

Date _____ Signature of Parent _____