



SAINT RITA OF CASCIA HIGH SCHOOL

AN AUGUSTINIAN COLLEGE PREP SCHOOL

Veritas † Unitas † Caritas

Policy Statement on the Physician's Request for Self-Administration of Medication

School Year: _____

St. Rita High School has received your request for self-administration of:

(Name of medication)

For your son: _____
(Print student's name)

State law requires that we inform the parents/guardians of the student, in writing, that St. Rita High School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. Before we can allow your child to self-administer the medication, we must ask that you sign and return this document. The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student may possess and use his medication during school hours, at a school-sponsored activity (dance, game, etc.), or before or after normal school hours. We recommend that you provide an additional dose of the medication to be kept at school in the event that your son forgets or loses his medication.

Parent/Guardian Permission Statement:

I have read the above policy and acknowledge that St. Rita High School and its employees and agents are to incur no liability and I indemnify and hold harmless St. Rita High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medicine by the above named student.

Parent/Guardian Signature: _____

Date: _____

Please contact the Nurse's Office or Dean's Office if you have any questions.

A TRADITION OF EXCELLENCE SINCE 1905