Student Name

PARENT OR GUARDIAN'S REQUEST FOR ASSISTANCE WITH NON-PRESCRIBED OR OVER-THE-COUNTER MEDICINE WAIVER OF CLAIMS AND RELEASE OF LIABILITY

Grada	
Grade	

Telephone Numbers where	parents/guardians	can be reached during the school day. I	nclude cellular and pag	er numbers.
Name of School			- The second section of the second section of the second section of the second section of the second	School Year
Name of non-prescrib	ed medication			
Condition for which me	dication is to be	given	THE ACCUPACION OF THE STREET, AND ACCUPACION ARRAYS AND ACCUPACION OF THE STREET, ACCUPACION OF	
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Dose		Schedule of doses	to the second se	
	continued as a	bove unless the following precau	tions and possible	ronations to use disaster.

I, the undersigned, hereby request the school, mentioned above, to assist in the matters set forth on the statement on this form. I assure the school that my child may safely take the non-prescription medication described on this form, and I accept all consequences as a result of my child taking this medication. I will notify the school immediately if there is a change in my child's medication schedule. I understand it is my responsibility to send the medication to the school office in Its original container labeled with my Child's name. I understand that the school reserves the right to discontinue assistance to the child in the child's taking of non-prescribed medication at school.

I request designated school personnel to assist my child when my child takes his non-prescribed medication. I understand and accept the fact that school personnel who assist my child are not likely to have had medical training. I understand that in case of an error or adverse reaction to medication, the school resources are limited to calling emergency services (911) and the parent or guardian.

I understand that the school is not obligated to store or assist my child when my child takes medication, and that the school prefers that medication be scheduled outside of school hours whenever possible. Therefore, in consideration of this assistance, I release and discharge the school from any and all claims for liability or responsibility for death, illness, adverse reactions, personal injury, or property damage that my child or I may suffer as a result of this arrangement, whether or not such injuries or damage are caused by negligence (either active or passive) of the school. This waiver of all claims and release of the school also releases the Diocese of Fresno Education Corporation, The Roman Catholic Bishop of Fresno (a corporate sole), the Diocese of Fresno, all other Diocese of Fresno schools, all parishes, all affiliated organizations, and all of their officers, clergy, agents, and employees.

Date	Signature of Parent or Guardian	
Date Received at School	Signature of School Representative that received this request	
Date Request Approved	Approved By	Management of Secretary of

This form must be completed and returned to the school before any non-prescribed medication may be taken at school. This form may only be used for one medication. Use additional forms for other medications. This request will be effective for one school year only and will be maintained in your child's medical file.