

Please use this form for any dispensing of MOTRIN, ADVIL, allergy medicine anything your child needs to get through the school year. IF your child has frequent headaches, stomach aches, CRAMPS, etc., please send in a bottle of medicine with their name on it along with this form. **DOCTORS MUST SIGN THIS FORM EVEN FOR OVER-THE-COUNTER MEDICINE TO BE DISPENSED.**

DISPENSING OF MEDICATION: RELEASE FORM

We, the undersigned parent and/or legal guardian of: _____

_____ born on: _____ do hereby sign and execute this release on behalf of us and on behalf of our minor son/daughter/ward.

We enter into this agreement expressly to release, discharge, forgive and waive any right whatsoever that may accrue to ourselves or to our minor son/daughter/ward, against St. Frances Cabrini Parish and School or the Archdiocese of Detroit or any personnel of the aforementioned from any liability whatever in the administration of the following medication to the above named student.

Name of Medication: _____ DOSE: _____

Time To Be Given: _____ Duration: 2018-2019 School Year

Check here if this release is for a metered dose asthma inhaler, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parent/guardian signatures below apply to the inhaler possession and use by students as permitted in Public Act 10 – Revised School Code:

Doctor's Signature Doctor's Printed Name Phone Number

We hereby waive any liability whatever to St. Frances Cabrini Parish or School or 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: _____

PLEASE provide any medicine for your child with their name on it and the dosage amount, whether it is Advil, Aleve, Motrin, cold medicine, cough drops, etc.