

**SACRED HEART CATHOLIC SCHOOL**  
**RELEASE FOR DISPENSING MEDICINE**

We, the undersigned parent and/or guardian of:

\_\_\_\_\_ Born \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Student's Name) Mo Day Yr

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 Sacred Heart School or the Archdiocese of Detroit or any personnel of the aforementioned from any liability whatever in the administration of the following medication to:

\_\_\_\_\_  
(Student's Name) (Grade & Room #)

**NAME OF MEDICATION:** \_\_\_\_\_

**DOSE:** \_\_\_\_\_

**TIME TO BE GIVEN:** \_\_\_\_\_

**DURATION:** \_\_\_\_\_

Check here, and attach emergency care plan, if this release is for a metered dose asthma inhaler or epinephrine auto-injector, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parents/guardian signature below apply to the inhaler or epinephrine auto-injector possession and use by students as permitted in Public Act 10 – Revised School Code.

\_\_\_\_\_  
(Doctor's Signature) (Please Print Name) (Date)

\_\_\_\_\_  
(Phone Number)

We hereby waive any liability whatever to Sacred Heart 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'S/GUARDIAN'S SIGNATURE \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_



# SACRED HEART PARISH AND SCHOOL

## MEDICATION GUIDELINES

The school code of Michigan of 1976, revised 1995, section 1178 states:

“A school administrator, teacher or other school employee designated by the school administrator, who in good faith administers medication to a pupil in the presence of another adult or in an emergency that threatens the life or health of the pupil, pursuant to written permission of the pupil’s parents or guardian and in compliance with the instructions of a physician is not liable in a criminal action except for an act or omission amounting to gross negligence or willful and wanton misconduct.”

### **SCHOOL POLICY FOR ADMINISTRATION OF MEDICATION**

It is the responsibility of parents and/or guardians to inform the principal and appropriate teachers if a student is subject to any medical need that requires regular or periodic attention while at school. Ideally, all medication would be given at home. Any child who is required to take medication during regular school hours must comply with the following school regulations.

1. A signed permission/release form from parents must be on file in the school office.  
A new form is required each time medication/dosage changes.
2. A signed physician’s order (pharmacy prescription) indicating drug name, dose, time, and method of administration-duration (length of time medication is to be dispensed) must be on file.
3. The student must bring all medication to the office immediately upon arrival at school.  
**NO MEDICINE MAY BE KEPT IN A CLASSROOM.**
4. **ALL** medication must be sent in the original container and be correctly labeled.
5. All medication must be given to the student by a designated adult in the school office.
6. Non-prescription drugs such as aspirin and cold remedies must be dispensed from the school office, but only with written permission from parents and if the drugs are in the original containers. Such items must be provided by parents.
7. A daily “Medication Dispensed” log will be kept on permanent file in the office recording the date, child’s name, medication given, time it was administered, initials of administering personnel.

**Please see other side for the “Release for Dispensing of Medication” Form. Thank you.**

6/2016