



St. Charles Catholic School  
929 18<sup>th</sup> Street  
San Diego, CA 92154  
(619) 423-3701

### Medical Release Form

I request that my child be administered the prescription (or non prescription) listed below to the designated guidelines:

Name of Child \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be Taken \_\_\_\_\_

Duration \_\_\_\_\_

Possible side effects \_\_\_\_\_

1. A properly completed physician's statement must accompany this permit for prescribed medication
2. The prescribed medication must be in the original container and have the affixed label including the student's name. Non prescription medication must also be in the original container.
3. This record will be kept in the student's file.
4. A new permit needs to be signed for each new prescription.
5. At the discretion of the principal, the school may require that school personnel keep medication until the student needs to use it.

This released and holds school personnel harmless any and all liability for damages or injury resulting directly or indirectly from the presence of the medication on the school or its use by my child.

Signed (Parent / Guardian) \_\_\_\_\_

Date \_\_\_\_\_