



ST. MARY MAGDALENE CATHOLIC SCHOOL

625 Magdala Place, Apex, NC 27502 919-657-4800 Fax 919-657-4805

**Parent Request for Student Medication
(Over-the-Counter)**

To Be Completed by Parent

Child's Name _____ Age _____

I request that my child be administered the medication as indicated below. I understand that non-medical personnel may administer medicine. I understand that the school undertakes no responsibility for the administration of medication referenced. I hereby release St. Mary Magdalene School and its agents and employees from any and all liability that may result from my child taking the listed medication.

Parent/Guardian Signature

Daytime Telephone

Date

Name of Medication

Dosage

Hours to be given

Method of administration (oral/topical)

Allergies

Epi-pen (yes or no)