

Parent or Guardian Permission and Authorization

I hereby acknowledge that I am responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize the Christ Our Savior Catholic School Principal or his/her designee, on my behalf, to administer or to attempt to administer to my child medication in the manner described in the Medical Authorization Form (form #07-M109), or allow my child to self-administer lawfully prescribed medication in accordance with Physician Request for Self-Administration of Medication (form #07-M112). I acknowledge that in order to dispense medication authorized in the above mentioned forms, the Christ Our Savior Catholic School Principal or his/her designee may not have medical training, and I specifically consent to this practice.

I understand that this authorization is not effective unless the Christ Our Savior Catholic School Principal or his/her designee has approved this form and signed it in the space provided below.

I further acknowledge and agree that, when such medication is to administered or attempted to be administered, I waive any claims I might have against the Christ Our Savior Catholic School Principal or his/her designee, Christ Our Savior Catholic School, the Catholic Bishop of Chicago, the parish, or any of their employees or agents arising out of the administration or attempted administration of medication. In addition, I agree to hold harmless and indemnify the Christ Our Savior Catholic School Principal or his/her designee, Christ Our Savior Catholic School, the Catholic Bishop of Chicago, the parish, and their employees or agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medications.

Parent or Guardian Signature

Date

Parent or Guardian Name

Address

City, State, Zip

Home Telephone

Business Telephone or Mobile

Medication Authorization Approved this ____ day of _____, 20 ____

School Representative's Signature

Printed Name

On behalf of Christ Our Savior Catholic School, _____ Illinois.