



**Our Lady of Lourdes School**

2710 Overbrook Drive  
Raleigh, NC 27608  
Phone: 919-782-1670  
Fax: 919-420-2188

**Request for Medication to be Given During School Hours**

This form must be on file before the administration of any medication is permitted.

Name of Student \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

**This medication must be furnished by a parent/ guardian within a properly-labeled container.**

*The Diocesan Policy **REQUIRES** a signature of a physician for all prescription and over-the-counter medicines. For your convenience, the physician may fax information to Our Lady of Lourdes School at 919-420-2188.*

**Parent Permission**

I hereby give permission for my child (named above) to receive medication during school hours by the person staffing the health room. I understand that the school undertakes no responsibility for the administration of the medication. This medication has been prescribed by a licensed physician. I hereby release Our Lady of Lourdes School and its agents and employees from any and all liability that may result from my child taking the prescribed medication.

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number \_\_\_\_\_