ST. MARK CATHOLIC SCHOOL
15724 Montrose Avenue
Cleveland, OH 44111
TEL: 216-521-4115 FAX: 216-221-8664

PARENTAL REQUEST FORM FOR PRESCRIBED MEDICATION

_____ _____ _____
Student's Name Homeroom Date of Birth

I. TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

Diagnosis / Reason for Medication_____
Name of Medication_____
Medication Form: __Tablet/Capsule ___Liquid ___Inhaler
___Injection ___Other
Special Storage Requirements: ___Refrigerate ___None ___Other
Start Date: _____ Stop Date: _____
_____For Episodic / Emergency events only
Instructions (schedule and dosage to be given):
_____
Restrictions / Side Effects:
_____
Adverse reactions that should be reported to physician:
_____
Procedure to follow in event medication does not produce expected relief:
_____
If prescribing an epipen or rescue inhaler, is student capable and responsible to self-administering this medication: _____ Yes _____ No
May student carry the epipen or rescue inhaler? _____ Yes _____ No

_____ _____
Authorized Prescriber (Signature) Date
PHYSICIAN'S PRINTED NAME: _____
Address: _____
Telephone No.: _____ Emergency No.: _____

II. TO BE COMPLETED BY PARENT / GUARDIAN

It is not possible for the above-specified medication to be taken at home under the supervision of a parent and it is, therefore, necessary that the specified medication be administered during school hours. This medication can be safely administered by non-medical personnel. I give permission for my child, _____, to receive the above medication at St. Mark Catholic School according to St. Mark Catholic School policy. In consideration of my child being administered the above medication at my request, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection therewith, and I further release the Diocese of Cleveland, the Bishop of the Roman Catholic Diocese of Cleveland, St. Mark Catholic School, employees, and volunteers from all claims, judgments, liability for any injury or damage due to the designated administration of said medication to my son / daughter.

Parent Signature: _____ Date _____
Address: _____ Telephone/cell No._____
Telephone No.: _____ Work/Emergency No.: _____