



Medication / Indemnification Form

It is required by Saint Joseph High School that the attending physician fill out the following form for all medications (prescription and over-the-counter) to be given during school hours.

Student Name (printed) _____ Grade _____

Medication and Dosage _____

Time Given _____ Date from _____ to _____

Condition for which medication is requested _____

Possible side effects _____

Physician's Signature _____ Physician Phone # _____

Physician's Name (printed) _____

Life Saving Medication

Physician: Please check blocks that apply for inhalers, Epi-pens and other life saving medications:

- Student is a secondary student and may carry and self-administer medication on a daily basis.
- Student is a secondary student and may carry and self-administer medication while on a field trip.

Parental Permission, Hold Harmless and Indemnification

We hereby agree that the medication be administered to our child as stated herein and agree with the intent to be legally bound hereby, to hold Saint Joseph High School and any of its employees or agents harmless from any liability and to so indemnify same for any liability incurred which may result from administration or supervision of the medication to _____ by employees or agents of Saint Joseph High School.

We understand that Saint Joseph High School does not have access to a school nurse assigned by the Highlands School District on a daily basis, and that a non-medical Saint Joseph High School Administrator will oversee the student self-administer his/her medication in the Main Office.

Father or Guardian

Mother or Guardian

Date

Saint Joseph High School Medication Policy requires a parent or guardian to bring the medication to school in the original over-the counter container or prescription bottle. Return this form to the office. No medications are permitted to be transported on a school bus. A second labeled prescription bottle can be obtained from your pharmacist.