**MEDICAL RELEASE FORM**

It has been the policy of Blessed Sacrament Huguenot Catholic School not to dispense over the counter medication to our students. However, on occasion a student will come into the clinic office and ask for an over the counter medication. The following signed permission/release must be on file in the office in order for a student to receive over the counter medications.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby authorize Blessed Sacrament Huguenot to dispense over the counter medications to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on those occasions that it is necessary.

I hold Blessed Sacrament Huguenot and its employees harmless from any liability while acting as my agent in dispensing this medication.

Signature, Parent or Guardian Date

Parent/ Guardian Phone Number

HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_