

ST. BARBARA SCHOOL

2809 Lincoln Way NW

Massillon, Ohio 44647

(330) 833-9510

FAX 330-833-3297

**PARENT REQUEST AND AUTHORIZATION TO ADMINISTER A
PRESCRIBED MEDICATION, FOOD/FLUORIDE SUPPLEMENT
OR MODIFIED DIET**

To the Parent:

The following information is necessary for any student to use over the counter medications, food/fluoride supplement or modified diet in school. All spaces must be completed.

Name of Student

Grade

A. I am requesting permission for my child named above to: (check all that apply)

____ Receive a prescribed medication

____ Receive a food or fluoride supplement

____ Receive a modified diet

in accordance with the authorized prescription.

B. I will assume responsibility for safe delivery of the medication/supplement to school in the container in which it was dispensed by the prescriber or a licensed pharmacist.

C. I will notify the school immediately if there is any change in the use of the medication/supplement.

D. I release and agree to hold the Diocese of Youngstown, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian

Date

**BACK OF THIS PAGE MUST BE COMPLETED BY
PRESCRIBING PHYSICIAN**