



TRADITION.  
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## PARENT REQUEST FOR ADMINISTRATION OF MEDICATION AND AGREEMENT OF RELEASE AND INDEMNITY

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We, \_\_\_\_\_ request that school personnel of Providence Heights  
Parent/Guardian names

Alpha School administer medication per the **Physician's Instructions** on the **In-School Medication**

**Administration Form** to our child, \_\_\_\_\_  
Student name

according to the direction of our attending physician. In making this request, we acknowledge that we have been advised that no physician will be present or available during the administration of medication, that a school NURSE will NOT BE PRESENT or available for this purpose, and that medication will be administered by a person with NO medical training.

We acknowledge our awareness that the administration of medication under the anticipated circumstances might pose a substantial risk of injury to, including death, of our child. On behalf of ourselves and our child, we hereby exonerate, release Providence Heights Alpha School, the Sisters of Divine Providence, and their agents and employees, from any and all claims, causes of action and liability whatsoever in respect of any injury to, including death of, our child which may result at any time in the future by reason of any action taken, in good faith, pursuant to this request.

We further agree to indemnify, defend and hold harmless Providence Heights Alpha School, the Sisters of Divine Providence, and their agents and employees, from any suit or proceeding brought to enforce any such claim, cause of action or liability. We enter into this agreement of release and indemnity voluntarily and without coercion for the purpose of inducing the employees of Providence Heights Alpha School to administer medication to our child.

I give my permission for the Certified School Nurse to contact our physician or dentist, as necessary, regarding the medication I am sending with my child.

### Signatures of ALL parents/guardians required

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date