



**Parental Authorization:** St. Junipero Serra Catholic School recognizes the desirability of following a physician's recommendation as nearly as possible. In so signing, parents or guardians agree to hold the school and/or its personnel/volunteers free from any or all suits which might arise out of these arrangements.

**All medication supplied by the parent/guardian must be in the original pharmacy bottle or over-the-counter container and must indicate the student's name, dosage, frequency and physician. All medication must be kept in the Health Room.**

As a parent/guardian of \_\_\_\_\_, I request that the medication indicated on this form be administered to my child in accordance with the written instructions of the child's physician.

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

\_\_\_\_\_  
Date