



FOUNDED 1983

# Paul VI Catholic High School

*"Grow in grace and wisdom" ~ St. Francis de Sales*

## Campus Ministry

### SHORT TERM MEDICATION FORM

Following school policy, students are not permitted to have prescription or non-prescription medication in their possession during the retreat.

Therefore, all medications, along with this form signed by the student's parent/guardian, must be given to the designated retreat chaperone before the retreat begins.

\_\_\_\_\_  
STUDENT'S NAME

Medication during the retreat for \_\_\_\_\_

(LENGTH OF TIME)

1. \_\_\_\_\_ in dose of \_\_\_\_\_ at \_\_\_\_\_ o'clock  
(Drug) (Dose)
2. \_\_\_\_\_ in dose of \_\_\_\_\_ at \_\_\_\_\_ o'clock  
(Drug) (Dose)
3. \_\_\_\_\_ in dose of \_\_\_\_\_ at \_\_\_\_\_ o'clock  
(Drug) (Dose)

I, \_\_\_\_\_, The parent/guardian of

\_\_\_\_\_ hereby request that the designated retreat chaperone be caretaker of the medication stated above for my student. This medication is to be furnished by me in the prescription container, and will be made available to my son/daughter as noted above.

#### **Release of Liability**

In consideration of Paul VI High School being responsible for the above stated medication, I hereby release the school and its representatives from all liability for the administration of the above requested medication to my child, and agree to hold them harmless from any claim arising from the said administration of medication to my child.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE