

**2024 – 2025 School Year**  
**Diocese of Las Vegas**  
**St. Viator Parish School**

Family Number \_\_\_\_\_

Student's Classroom \_\_\_\_\_

**PARENT'S REQUEST FOR THE ADMINISTRATION  
OF MEDICATION BY SCHOOL PERSONNEL**

I hereby request, authorize, and give my permission to the Principal or his/her designee (e.g., school nurse or responsible person) to administer the following medication to my child.

Prescribed medication: \_\_\_\_\_  
(See physician's completed request form attached)

Non-prescription medication: \_\_\_\_\_  
(Over the counter)

\_\_\_\_\_  
**Name of Student**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Name of medication, dosage, and routine of administration

\_\_\_\_\_  
Times of day to be administered

\_\_\_\_\_  
Beginning and ending dates of this request

It is not possible for this medication to be taken at home by my son/daughter, and it must be administered during the school day.

In consideration of my child being administered, the above specified medication at my request, on behalf of my child, my spouse, and myself, I hereby assume all risks in connection therewith, and I further release the Diocese of Las Vegas, the Bishop of the Roman Catholic Diocese of Las Vegas, St. Viator Parish School, and St. Viator Catholic Church, employees and volunteers from all claims, judgments liability for any injury or damage due to the designated administration of said medication to my son/daughter.

\_\_\_\_\_  
Date

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