

Medical Authorization Release and Indemnification Agreement¹

I _____ (the "Parent/Guardian") hereby request authorized personnel at the Roman Catholic Bishop of Manchester, a corporation sole d/b/a _____ (the "Diocese Location") to administer medication to _____ (the "Minor") as directed by this authorization and I agree to release, indemnify, and hold harmless the Diocese Location and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions against them for helping this minor use medication, provided the Diocese Location staff members comply with the physician or Parent/Guardian orders set forth in the Parent/Guardian Information About Medical Procedures. I have read the procedures outlined in the Parent/Guardian Information About Medical Procedures and assume responsibility as required.

THE PARENT/GUARDIAN MUST COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION.

THE PHYSICIAN MUST COMPLETE AND SIGN FOR ALL PRESCRIPTION MEDICATIONS.

Diagnosis _____

Medication: List in order taken (if applicable)

Medication	Dosage	Type (check one)	Symptoms / Time of Day to Administer	Period Effective
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:
		<input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Prescription		From: To:

Other Instructions or Comments: _____

I give permission for my child to receive any emergency medical treatment deemed necessary until a parent or guardian listed above can be notified, and I agree I will assume full responsibility for the payment of such treatment.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN PHONE: _____

THE PHYSICIAN MUST COMPLETE AND SIGN FOR ALL PRESCRIPTION MEDICATIONS.

DOCTOR NAME: _____

DOCTOR SIGNATURE: _____ DATE: _____

DOCTOR PHONE: _____

¹ This Medication Authorization Release and Indemnification Agreement and separate Medication Log is required for the handling or administering of medication for minors or persons under disabilities.
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Parent/Guardian Information About Medical Procedures

1. Medications should be taken at home whenever possible. Any medication taken at the Diocese Location must have a Parent/Guardian-signed authorization; some medications also require physician orders. Medication must be kept in the Diocese Location health room or other Diocese Location-approved location. The Parent/Guardian must transport medications to and from the Diocese Location except a high school age minor may carry an over-the-counter medication to and from the Diocese Location health room.
2. No medication will be accepted by the Diocese Location personnel without receipt of a properly completed Medical Authorization Release and Indemnification Agreement.
3. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist.
4. An over-the-counter medication must be in the original container with the name of the medication visible. The Parent/Guardian must label the original container with the following:
 - a. Name of Minor
 - b. Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc)
 - c. Frequency or time interval dosage is to be administered
5. The first dose of any new medication must be given at home.
6. The Parent/Guardian is responsible for submitting a new form to the Diocese Location each time there is a change in the dosage or in the time at which medication is to be taken.
7. Medication kept at the Diocese Location will be stored in a locked area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of the Diocese Location activity, the Parent/Guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. The Minor is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parent/Guardian should develop a plan with the Minor to ensure that the Minor goes to the school health room at the appropriate time. Medication can be given no more than one half hour before or after the prescribed time.
10. The Diocese Location does not assume responsibility for authorized medication taken independently by the Minor.