



OUR LADY QUEEN OF PEACE CATHOLIC SCHOOL

ADMINISTRATION OF EXCLUDED
OVER THE COUNTER PRODUCTS

NAME OF CHILD _____

GRADE _____

DATE OF BIRTH _____

LIMITED TO: *(check all that apply)*

- INSECT REPELLENT
- LIP BALM (Chap Stick)
- CONTACT LENS SOLUTION
- THROAT SOOTHERS (**cannot contain menthol**, if present needs physician signature)

I agree to be responsible for maintaining an adequate supply of the above products at school to meet the needs of my child.

Consent

I hereby request that the medication specified above be given to the above named student. I understand that the school personnel who give the medication may not be a medically trained person. I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Archdiocese of Galveston – Houston, its servants, agents, and employees including, but not limited to the parish, the school, the principal, and the individuals giving the medication of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Archdiocese of Galveston – Houston, its agents, servants, or employees, including, but not limited to the parish, the school, the principal, and the individual giving or failing to give the medication.

Parent/ Guardian Signature _____ Date _____

Printed name _____ Relation to the child _____