

SAINT IGNATIUS COLLEGE PREP

SELF-ADMINISTRATION OF MEDICATION WHILE ON RETREAT PERMISSION FORM

-Policy Statement for Saint Ignatius College Prep

Dear Parent/Guardian,

State Law requires that we inform the parents/guardian of the student, in writing, that the school and its employees and agents are to incur no liability, except in willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.

The permission for self-administered medication is effective for the **retreat only**. No medication is permitted to be carried on the student at school or taken at any location other than the Nurse's Office.

READ, SIGN BELOW AND RETURN THIS FORM TO DEANS' OFFICE.

I, _____ **PARENT/GUARDIAN OF** _____

acknowledge that Saint Ignatius College Prep and its employees and agents are to incur no liability, except in willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student while on retreat. I indemnify and hold harmless Saint Ignatius and its employees and agents against any claims arising out of self-administration of medication by the student.

SIGNED: _____ DATE: _____

I give permission for my child to carry and self-administer the following medication while on retreat.

Medication: _____

Dose: _____ **Frequency:** _____

Parent/Guardian Signature: _____ Date: _____

Name of Student

Date of Birth

Address

City

Zip

Phone

If you have any questions or concerns, please contact Margie Balogh RN, BSN, IL-CSN at 312-432-8331 or margie.balogh@ignatius.org

DATE OF RETREAT: _____