

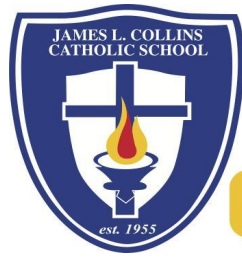
# GROWING HEARTS AND MINDS

I, the parent/guardian named below, hereby request that the medication specified above be given to the above-named student by school personnel and that the medication may be given by someone other than a medically trained person as designated by the school-administrator

I realize that the school does not agree to allow medications 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 convenience and the student's benefit. Such agreements by the school are adequate consideration of my agreements herein. I agree to indemnify and hold harmless the Diocese of Dallas, 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 Diocese of Dallas, its servants, agents, or employees, including, but not limited to the parish, the school, the principal, and the individuals giving or failing to give the medication.

<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Parent/Guardian Name</b>	
<b>Medical Professional Signature (stamped signature not accepted)</b>	<b>Date</b>
<b>Medical Professional Name</b>	<b>Phone Number</b>

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**GROWING  
HEARTS  
AND MINDS**

**James L. Collins Catholic School**

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