



St. Timothy School  
1070 Thomas Lane  
Columbus, OH 43220

(614)451-0739  
[www.sttimschool.org](http://www.sttimschool.org)

## PARENT REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

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I hereby request and give permission for the principal and/or his designee (school nurse or other responsible adult) to administer the following medication to my child.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade/Homeroom teacher: \_\_\_\_\_

\_\_\_\_\_  
Name of Drug

\_\_\_\_\_  
Dosage, route, frequency

I release and agree to hold St. Timothy School, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of this medication in the school or its use by the student.

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

\_\_\_\_\_  
Date