



ST. JOHN VIANNEY  
CATHOLIC SCHOOL

**ST. JOHN VIANNEY SCHOOL  
CONSENT TO MEDICAL SUPERVISION/ADMINISTRATION OF MEDICINE(S)**

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_ student at St. John Vianney School, have read, understood, and consent to the following:

I understand that the school is not legally obligated to store or administer medication for students and will not do so, either on a temporary or ongoing basis, except by special agreement. If I have indicated, by signing this paragraph below, that the school may administer **epinephrine injection (Epi-Pen)** to my child, and if the school has agreed to administer **epinephrine injection (Epi-Pen)** by signing this paragraph below, I authorize the school to administer the **epinephrine injection (Epi-Pen)** listed on this form, as indicated, but recognize that the school does not thereby undertake any ongoing duty to administer drugs or medicine, or to supervise or participate in any self-medication or medical program or ongoing, routine or non-emergency needs of my child, all of which remain my responsibility. Before any medication is given by the school, I will provide those medications in their original pharmacy containers, with the child's name and doctor's instructions on the label, and I will provide a written, signed authorization from a physician, including complete instructions.

**Medication to be Self-Administered by the Child (for existing conditions/physician's note required)**

**Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Medication to be Administered by a Trained School Employee:**

**Dosage:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**NOTE: ALL MEDICINES TO BE TAKEN ON SCHOOL GROUNDS, WHETHER SELF-ADMINISTERED OR ADMINISTERED BY THE SCHOOL (IF SCHOOL AGREES TO DO SO), MUST BE ARRANGED FOR IN ADVANCE, AND MUST BE PROVIDED IN THEIR ORIGINAL PHARMACY CONTAINER, INCLUDING THE CHILD'S NAME AND DOCTOR'S INSTRUCTIONS. THE SCHOOL WILL NOT ADMINISTER MEDICINES UNLESS A PHYSICIAN'S WRITTEN AND SIGNED AUTHORIZATION, INCLUDING COMPLETE INSTRUCTIONS, IS ATTACHED TO THIS FORM**

In consideration of the arrangement indicated in this paragraph, the undersigned hereby releases and discharges the Diocese of San Jose, its constituent organizations, including but not limited to The Roman Catholic Welfare Corporation, the Department of Education and St. John Vianney School, and their respective officers, agents and employees (the "Diocese") for any and all claims for personal injuries or property damage that I or my child may suffer as a result of this arrangement whether or not such injuries or damages be caused by the negligence (whether active or passive) of any of the entities or individuals named or described above, excepting only injuries or damage resulting from Diocese's willful misconduct. I authorize and request the school to administer the above medications to my child on these terms.

**CONFIDENTIAL MEDICAL OR EDUCATIONAL INFORMATION AS SET FORTH IN THIS FORM WILL BE GATHERED, USED AND DISSEMINATED ONLY BY THE PERSONS AND ONLY FOR THE PURPOSES SET FORTH THEREIN, OR AS OTHERWISE ALLOWED BY LAW.**

**THIS AUTHORIZATION IS EFFECTIVE ONLY FOR THE SCHOOL YEAR INDICATED, EXPIRING ON THE LAST DAY OF SCHOOL. IT MAY BE REVOKED AT ANY TIME IN WRITING SIGNED BY EITHER PARTY. IF REVOKED, THE SCHOOL RESERVES THE RIGHT TO SUSPEND OR TERMINATE THE ATTENDANCE OF THE CHILD AT THE SCHOOL.**

**I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A TRUE COPY OF THIS AUTHORIZATION. BY MY SIGNATURE, I ACKNOWLEDGE THAT A TRUE COPY OF THIS AUTHORIZATION HAS BEEN RECEIVED BY ME.**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Parent Name (Print)**

\_\_\_\_\_  
**Date**

**Relationship to Above-Named Child:** \_\_\_\_\_

\_\_\_\_\_  
**School Year**

On behalf of the School, I agree to supervise administration of the above medications, consistent with the terms contained herein.

\_\_\_\_\_  
Signature of School Principal  
SJV 04-15-2021BP

\_\_\_\_\_  
Date