Guardian Angels Catholic School
521 East Fourteen Mile Road, Clawson, Michigan 48017 Telephone: (248) 588-5545 Fax: (248) 589-7356 Website: www.gaschool.com

RELEASE FOR DISPENSING OF MEDICATION

(Caregiver, Facility) , to my child (Child's Name) DIRECTIONS: 1. Date to Begin Giving Medication 2. Date to Stop Medication 3. Times Medication is to be Given 4. Amount (dosage) of Medication Each Time Given 5. Storage of Medication 6. Other Directions, if Any Signature of Parent Date TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:	TO BE COMPLETED B	Y PARENT				
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Doctor Signature Doctor Name Date	Doctor Signature			Doctor Name		Date
Doctor's Phone number	Doctor's Phone nu	mber				
We hereby waive any liability to the school of the Archdiocese of Detroit or any of its personnel that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor child.	We hereby waive a occur as the result	ny liability to the schoof giving said medica	ool of the Archd tion in the indica	iocese of Detroit or ar ited dosage at the time	ny of its persor e requested to o	nnel that might our minor child.
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