

**COMPLETE for MEDICATIONS KEPT BY STUDENT.  
(For inhalers, epi-pens, and diabetes testing equipment.)**

**Our Lady of the Sacred Heart High School**

1504 Woodcrest Avenue, Coraopolis, PA 15108-3054

Phone: (412) 264-5140 • FAX: (412) 264-4143

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**RELEASE AND INDEMNITY AGREEMENT  
REGARDING SELF-ADMINISTERED MEDICATION**

KNOW ALL MEN BY THESE PRESENTS that we, \_\_\_\_\_, father and mother of \_\_\_\_\_, a student enrolled in Our Lady of the Sacred Heart High School (hereinafter "School") do hereby petition the said School as follows:

WHEREAS, the student is suffering from an illness or disability which requires the periodic administering of medication; and

WHEREAS, the student's physician, \_\_\_\_\_, M.D., has submitted to the School a written order identifying the medication and detailing the hours and units of dosage to be given to the student, and;

WHEREAS, the parents acknowledge the self-administration of such medication is a gratuitous act on the part of the School which the School is under no legal obligation to perform.

NOW THEREFORE, in consideration of foregoing, the parents do hereby forever discharge the said School, the Roman Catholic Diocese of Pittsburgh, the Felician Sisters, their agents and employees and their successors and assigns, heirs, executors and administrators of and from any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by the said minor student and by his parents, and by any other person or persons having a legal interest therein in consequence of the self-administration of such medication.

AND FURTHERMORE, we, the said parents of the minor do hereby expressly stipulate and agree, to indemnify and forever hold harmless the said School, the Roman Catholic Diocese of Pittsburgh and the Felician sisters, their agents and employees, and their successors and assigns, heirs, executors and administrators against loss from any and all further claims, demands and actions in law or in equity hereafter at any time made or brought by the said minor or by anyone on behalf of said minor for the purpose of enforcing a claim for damages on account of the injuries which may be the consequence of the administration of the medication herein referred to.

IN WITNESS WHEREOF, intending to be legally bound I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
MOTHER

**ADDENDUM TO RELEASE AND INDEMNITY AGREEMENT  
REGARDING SELF-ADMINISTERED MEDICATION**

Name of Student \_\_\_\_\_

Illness or Disability \_\_\_\_\_

Name of Medication \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Time(s) to be Self-Administered by Student \_\_\_\_\_

My child has permission to carry the above listed medication on  
his/her person due to the listed illness/disability.

Parent/Guardian Signature & Date \_\_\_\_\_

**NOTES:**

- Parents/guardians must sign a Indemnity Agreement which has been prepared by the Legal Office of the Diocese of Pittsburgh.
  - Medication brought to school must be in a container labeled by a pharmacist or doctor. The label must include the student's name, the name of the physician, date of the prescription, dosage and frequency of administration.
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A large, bold, black 'Rx' symbol, commonly used to denote a prescription, is positioned in the bottom right corner of the page.