

MEDICATION
WAIVER & RELEASE FORM FOR STUDENT-ATHLETES

I, _____ (parent/guardian's name), give my permission for
_____ (student's name) to ask for and obtain medication as
needed from St. Anne-Pacelli Catholic School Sports Medicine Staff. Medication available is,
but not limited to, as followed:

- Medi-Lyte (Electrolyte tablets)
- Mediproxen (Aleve)
- I-Prin (ibuprofen)
- Medi-Phenyl (Nasal Decongestion)
- APAP (Pain/Fever)
- Diphen (Allergy)
- Medicidin D (Cold/Flu)
- Diotame (Nausea/Vomiting)

I understand that by allowing my child to take the above medication, I agree to release St. Anne-Pacelli Catholic School, its agents, employees, and the Sports Medicine Staff from and against any and all liability, loss, damages, claims, or actions to the maximum extent permissible by law, arising out of such medication.

Parent/Guardian Signature

Date

Printed Name

Phone Number