HOLY SPIRIT
PREPARATORY SCHOOL

Authorization, Release, and Indemnification for Student's Self-Administration of Medication

2026-27

By signing this form you agree to release Holy Spirit Preparatory School from any and all liability that may result from your child's self-administration of medication.

STUDENT NAME	DATE OF BIRTH	GRADE

I, _____, authorize my child to self-administer
(PARENT/GUARDIAN)

_____. The attached medical authorization has been
(NAME OF MEDICATION)

completed if this authorization relates to medication required to treat a condition requiring prescribed medication.

By signing this authorization form, I agree to release, indemnify, and hold harmless Holy Spirit Preparatory School and its employees or agents from any liability relating to the self-administration or storage of my child's medication.

PARENT /GUARDIAN NAME	SIGNATURE