

**ACKNOWLEDGEMENT- Medical**

St. Thérèse Academy endeavors to the full extent of its capability to provide a quality education for your child. At the same time, St. Thérèse does not have the capability to perform all medical services that your child may need. The undersigned, the parents and/or legal guardians of

\_\_\_\_\_, presently enrolled in St. Thérèse Academy, acknowledge that this school does not provide any and all medical services.

The undersigned acknowledge that the school does not assume the role of health-care provider in diagnosing or treating its students; nor do the personnel (including the principal, faculty, and staff) have experience, knowledge, or expertise in providing emergency medical treatment that may be necessary for any student, including but not limited to -- and by way of example only -- any treatment for allergic or diabetic conditions. The school will take reasonable steps in a medical emergency to care for a student. In specific circumstances in which student needs to self-medicate or requires assistance with medication, the undersigned acknowledges that the school may be unable to accommodate the medical needs of their child/student. In the event such assistance is needed, this matter should be discussed directly with the school principal in order to determine what steps can be taken in regard to providing the student with medical assistance.

In those circumstances in which the student needs to self-medicate or needs other medical assistance, the undersigned acknowledges that this must be discussed directly with the school principal.

\_\_\_\_\_  
Printed name of Parent/Guardian 1

\_\_\_\_\_  
Printed Name of Parent/Guardian 2

\_\_\_\_\_  
Signature of Parent/Guardian 1

\_\_\_\_\_  
Signature of Parent/Guardian 2

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS AGREEMENT**

*(Re: EPI pens)*

Whereas, the child of \_\_\_\_\_ (hereinafter \_\_\_\_\_), is enrolled at and attends St Therese Academy, in Metairie, Louisiana;

Whereas, \_\_\_\_\_ has certain food allergies;

Whereas, neither St Therese Academy nor any of its administration, teachers, or staff have any experience or expertise in providing injections with an EPI PEN associated with allergic individuals in need of treatment but are willing, to the extent possible, to assist \_\_\_\_\_ in any reasonable manner;

Whereas, \_\_\_\_\_ agrees to keep an EPI PEN when provided by Mr. and Mrs. \_\_\_\_\_ in \_\_\_\_\_'s classroom and in the school office in secure places to medicate \_\_\_\_\_ as necessary in the event of an allergic reaction to food products;

Now, therefore, in view of the foregoing, the parties hereto, \_\_\_\_\_ and the Roman Catholic Church as owner and operator of St Therese Academy agree as follows:

- 1) Roman Catholic Church agrees that certain staff designated by it in its sole discretion will administer with and/or use an EPI Pen on in accord with written instructions to be provided by 's physician, which, in turn, shall be provided to St Therese Academy by \_\_\_\_\_'s parents.
- 2) \_\_\_\_\_, father and mother, respectively, of \_\_\_\_\_, hereby agree to release, defend, indemnify and hold harmless St Therese Academy, the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, pastor(s), priests, principals, employees, teachers, staff, insurers and/or reinsurers, or agents (hereinafter, collectively, "Releasees") from any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained by themselves and/or their child, \_\_\_\_\_ or third parties arising from negligence or fault or strict liability of Releasees in administering or failure to administer \_\_\_\_\_ with and/or using an EPI PEN on and/or failure to use an EPI PEN on \_\_\_\_\_ (including but not limited to failure to administer or use the EPI PEN timely) and/or from the diagnosis and/or failure to diagnose and/or treat \_\_\_\_\_ for any reactions that may arise from her allergic condition.
- 3) In consideration of the foregoing, the Roman Catholic Church as owner and operator of St Therese Academy agrees to allow the child, \_\_\_\_\_, to continue to be enrolled in and attend St Therese Academy
- 4) The parties understand and agree that the foregoing agreement is valid only during the period of time that \_\_\_\_\_ is enrolled in \_\_\_\_\_ (grade) at St Therese Academy, with the understanding that the parties hereto agree to use their best efforts to consummate a similar agreement for later years during which \_\_\_\_\_ may be enrolled at St Therese Academy.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal and Agent for St Therese Academy and The Roman Catholic Church of the Archdiocese of New Orleans

**RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS AGREEMENT**

Whereas, the child of \_\_\_\_\_ (hereinafter \_\_\_\_\_), is enrolled at and attends St Therese Academy, in Metairie, Louisiana;

Whereas, \_\_\_\_\_ has certain allergies or conditions making it necessary to carry \_\_\_\_\_ (type of medication) on his/her person for emergency;

Whereas, \_\_\_\_\_ (student) agrees to keep \_\_\_\_\_ (type of medication) when provided by Mr./Mrs. \_\_\_\_\_ secured on his/her person.

Now, therefore, in view of the foregoing, the parties hereto, \_\_\_\_\_ (parents) and Archdiocese of New Orleans Roman Catholic Church as owner and operator of St Therese Academy agree as follows:

1) \_\_\_\_\_, father and mother, respectively, of \_\_\_\_\_, hereby agree to release, defend, indemnify and hold harmless St Therese Academy as the Roman Catholic Church of the Archdiocese of New Orleans, their members, directors, officers, pastor(s), priests, principals, employees, teachers, staff, insurers and/or reinsurers, or agents (hereinafter, collectively, "Releasees") from any and all liability and/or damages (including but not limited to physical, mental, emotional and/or economic damages) that may be sustained by themselves and/or their child, \_\_\_\_\_ or third parties arising from use of this medicine.

2) In consideration of the foregoing, the Roman Catholic Church as owner and operator of School agrees to allow the child, \_\_\_\_\_, to continue to be enrolled in and attend St Therese Academy

3) The parties understand and agree that the foregoing agreement is valid only during the period of time that \_\_\_\_\_ (student) is enrolled in \_\_\_\_\_ grade at St Therese Academy with the understanding that the parties hereto agree to use their best efforts to consummate a similar agreement for later years during which \_\_\_\_\_ may be enrolled at St Therese Academy

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Principal and Agent for the Roman Catholic Church as Operator of  
St Therese Academy of the Archdiocese of New Orleans

# St Therese Academy

## Medication Permission Form

If it is necessary for a student to receive medication at school, a parent must fill out the Medication Permission form.

If these items are prescribed by a doctor, the medicine must be filled through a pharmacist and properly labeled by the pharmacy as a prescription in order to be administered at school. **Students are NOT ALLOWED to have those medications in their possession. (In the event that this is necessary as ordered by a medical doctor, parents are to contact the school principal and supplemental forms must be completed)**

All medicine to be administered at school must be in a proper container, labeled with student's name, dosage, prescribing doctor, etc. **Any medicine received in envelopes, baggies, etc. will not be accepted.** All medicine must be kept in the office and dispensed from the office.

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Grade Level*

*My child, \_\_\_\_\_, has permission to take the prescribed medication listed below, as directed.*

*I agree to provide the office with the medication as directed above. I understand that my child may not carry the medication in his or her possession and it must be delivered to office upon entering the campus.*

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

\_\_\_\_\_  
*Printed Name of Parent*

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

*Name of Medicine:* \_\_\_\_\_

*Prescribed by:* \_\_\_\_\_

*Phone:* \_\_\_\_\_

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