



MEDICATION PERMISSION REQUEST FORM

Please fax form to _____ at fax number _____
School Name

According to the policies of the Archdiocese of San Antonio, students are not allowed to carry medication on their person, including non-prescription medications. (The only exception is that, by physician direction, a student may be allowed to carry and self-administer inhaler medication). The principal will designate a responsible person to supervise the storing and administration of medications at school. The medication may be administered by non-medical personnel. The school will be held harmless for adverse drug reactions and side effects of properly administered medication. The following steps must be taken before a student is allowed to take medication at school:

1. Parent/guardian must present this completed consent form to the school
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law. Medication may be given by school personnel provided that the prescribing health care provider completes this form.

Name of student: _____ Grade: _____

Date of Birth: _____ School: _____

TO BE COMPLETED BY HEALTH CARE PROVIDER

Medication #1 _____
 Name Strength Dose Time (at school) Route

Medication #2 _____
 Name Strength Dose Time (at school) Route

Medication #3 _____
 Name Strength Dose Time (at school) Route

Allergies: _____

Special Instructions: _____

Printed Name of Health Care Provider: _____ Signature of Health Care Provider: _____ Date: _____

TO BE COMPLETED BY PARENT

I, _____, request that my child be given the above medication as directed.
 Printed Name parent/guardian

Signature of Parent/guardian: _____ Date: _____

Telephone: (Home) _____ (Work) _____ (Mobile) _____