

St. Mary Catholic Middle School
Medication Consent Form*

Student Name: _____ **Grade Level:** _____

Address: _____

Name of Medication: _____

Physician's Name: _____

Physician's Phone Number: _____

Special Instructions (Dosage, Method, Frequency): _____

I hereby give my permission to school personnel to dispense the above medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold St. Mary Catholic Middle School harmless in any and all claims arising from the administration of this medication at school.

Parent/Guardian Signature: _____ **Date:** _____

I hereby request and authorize my son / daughter to carry his / her **prescription inhaler** on his / her person at all times.

Parent/Guardian Signature: _____

NOTE: All medication **MUST** be in the original container with the original label.

* **This also includes any over-the-counter medicine**