

St. Mary Catholic High 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.

All medication MUST be in the original container with the original label.

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 Printed Name: _____ Parent Signature: _____

Date Signed: _____

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

Parent/Guardian Signature: _____

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