

PLEASE KEEP THIS COPY TO USE IF, AND WHEN, IT IS NECESSARY FOR YOUR CHILD TO RECEIVE MEDICATION AT SCHOOL. THIS INCLUDES ALL MEDICATION INCLUDING PRESCRIPTIONS. EACH NEW MEDICATION NEEDS A FORM COMPLETED.

**PRINCE OF PEACE CATHOLIC SCHOOL
MEDICAL CONSENT FORM**

Student name _____ Grade _____

Student address _____

Phone _____ Date _____

Physician name _____

Physician phone _____

Physician address _____

Name of the drug _____

Administer medication from (dates) _____ to _____

Amount of the dosage _____

Time of the day to be given _____

How it is to be given _____

The reason for the medication _____

Check one: ___ non-prescription ___ prescription

Person/s authorized to give medication: (please fill in)

Secretary _____

Principal _____

Parent/Guardian signature _____

This form may be reproduced as needed.

School designates the school secretary to administer medication. In his/her absence the Principal/Teacher will administer medication. We do not administer any medication that does not have the drug store label or over the counter label on the container.