

Archdiocese of San Antonio
Catholic Schools Office
MEDICATION PERMISSION REQUEST FORM

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). Medications will be maintained and dispensed by appointed school health coordinators. 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)

Signature of parent/guardian: _____ Date: _____

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