**Medication MUST be brought to school by a PARENT OR GUARDIAN. DO NOT SEND WITH STUDENT. It must be provided in the ORIGINAL CONTAINER. Liquid medications must be UNOPENED and sealed.**

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| Student’s Name: | Date of Birth: | Grade: |
| Address: | City: | State: | ZIP: |
| Name of Medication: | Amount of Medication:\*Must not exceed recommended dose listed on the medication package. |
| Reason(s) Medication May be Administered: |
| If medication is administered, do you wish to be contacted **prior** to administration: \_\_\_ Yes \_\_\_ No\*\*A note will be sent home with student notifying you of administration |
| Other medications being taken by the student on a regular basis: |
| Medication Allergies: |

I give my permission for the principal or his/her designee to administer the medication as prescribed above and further agree to the following:

1. Submit to the school a revised signed statement if any change to the above medication order occurs.
2. Submit school personnel a written statement when the need for medication has been discontinued.
3. Release St. Francis Seraph School and its personnel from any liability concerning the administration of the prescribed medication to the student.
4. The school will not be supplying any type of medication; all medication must be brought to the school by a parent/guardian.
5. **Medication will not be shared amongst other students; this includes siblings.**

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| Parent/Guardian Name | Telephone Number |
| Parent/Guardian Signature | Date |