



# HOLY FAMILY S C H O O L

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## Medication Permission Form Authorization to Give Medication in School

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Continue Through (Date): \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Dose & Time to be Given: \_\_\_\_\_

If prescribed on an as needed (PRN) basis, give for these symptoms: \_\_\_\_\_

Side effects, if any: \_\_\_\_\_

Please indicate if this medication is:

**PRESCRIPTION MEDICATION**

Is the medication in the original container or box with the prescription label and instructions?

YES (Physician Authorization is not required)

NO. See Physician's Authorization requirement below\*. This medication may not be given unless the required information is provided.

**NON-PRESCRIPTION MEDICATION**

For all non-prescription medications, you must provide a completed Physician's Authorization\* (see below).

**I hereby give permission for the administration of the medication described above by the staff of the Holy Family School, and have provided the completed Physician's Authorization if necessary.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/Guardian's Printed Name: \_\_\_\_\_

**\*PHYSICIAN'S AUTHORIZATION\***

You must provide either of the following forms of authorization, which must be signed by a physician:

Physician's Signature: \_\_\_\_\_ Physician's Stamp: \_\_\_\_\_

See attached, signed physician's authorization document

**All forms are valid through the end of the school year.**