

Department of Catholic Schools

Archdiocese of San Antonio 2718 W. Woodlawn Ave San Antonio, Texas 78228 www.sacatholicschools.org

MEDICATION PERMISSION REQUEST FORM

Please fa	x form to		at fax number				
(An exception designates a radministered badministered radministered rad	n may be allo responsible per py non-medical medication. The prescribing ractitioner) mularent/guardial marmacist as possible.	(School Name) the Archdiocese of San wed if, by physician dir rson to supervise the stal personnel. The school one following steps must be gathered that care provider ast complete this form so no must present this comp no must bring the medic rescribed by law. If bring unopened container labeled	Antonio, stude ection, a stude oring and adwill be held here taken before (either a lithat medication in the enging a prescription).	dent requires dia ministration of rarmless for adverte a student is allowersed Physicia on may be given form to the school original prescript ribed over-the co	betic or rescue medications at school. see drug reactions and sid wed to take medication and to take medication and side of the property laberation bottle, properly laberation bottle, properly laberations.	ion.) The principal Medication may be the effects of properly at school: Assistant or Nurse the eled by a registered	
Student Name	::				Grade:		
Date of Birth:		Scl	hool:				
************ Medication #1		**************************************				************** Duration	
Medication #2	Name	Strength	Dose	Route	Time (at school)	 Duration	
Medication #3 _	Name	Strength	Dose	Route	Time (at school)	Duration	
Special Instruct	ions:						
Printed Name of I	Health Care Provi	ider (MD/DO/PA/NP/DSS/DM	ID):				
Signature of Heal	Ith Care Provider:				Date:		
******	******	**************************************		**************************************	*******	******	
I,employees wil	ll be held harm	, request tha	t my child be	e given the above e effects of prope	medication as directed.	The school and its tion.	
Signature of P	arent/Guardia	1:			Date:		

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