



# ST. IGNATIUS SCHOOL

## Permission to Administer Medication

PLEASE PRINT

Child's Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_

Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Day Month Year

### PERMISSION TO ADMINISTER OVER-THE-COUNTER MEDICATION:

Over-the-counter medication, including pain relievers such as ibuprofen and acetaminophen must be provided by the parents and may not be taken at school without written permission from the student's parent/guardian. Parents will be contacted when over-the-counter medication is dispensed and a record of all medication that is administered will be kept on file. Students may not keep any medication on their person; it will be kept at the school office and dispensed by office staff.

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_ OR \_\_\_\_ As needed

Other information: \_\_\_\_\_

I hereby request and authorize that my child be given over-the-counter medication as provided by me. Such medication is to be given by the school's designated personnel. This authorization is considered to be valid until June 30 next following this date, unless withdrawn by the doctor or parent(s)/guardian(s).

Parent/Guardian Name \_\_\_\_\_  
*Please Print* *Relationship to Student*

\_\_\_\_\_  
*Date* *Signature of Parent(s) / Guardian(s)*

### AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION:

If your child has a chronic condition that requires medication on a daily or periodic basis, and you wish to leave medication at the school so your child will have access to it as needed, please complete the form below.

I hereby give permission for this child to be given the following medication at school. Such medication is to be given by the school's designated personnel. This authorization is considered to be valid until June 30 next following this date, unless withdrawn by parent/guardian or doctor.

**Please supply name of drug, the dosage to be administered, the time of day it is to be given, possible side effects and reason for medication to be given:**

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
*Please Print* *Relationship to Student*

\_\_\_\_\_  
*Date* *Signature of Parent(s) / Guardian(s)*