

St. Andrew – St. Elizabeth Ann Seton School

**Physician's Request for the Administration of Prescription Medication
and Non-Prescription Medication by School Personnel**

_____ is under my care and must take medication,
(Name of Student) which I have prescribed, during the
2010 – 2011 School Year.

Name of Medication _____

Dosage and time interval _____

Date medication is to begin: _____

Date medication is to end: _____

Special instructions for administration and storage _____

Possible side effects to report to Physician _____

Name of Physician _____

Phone Number _____

Date _____ Physician's Signature _____

**Parent Request for the Administration of Prescription Medication
and Non-Prescription by School Personnel**

I request and give permission to the principal or his/her delegates to administer the
above medication prescribed by my physician to my child during the school day.

Date _____ Parent Signature _____

Before any drug can be taken at school by your child we must have this written request from
you and this written statement from your child's physician. Medication must be brought to the
school office in the original container in which it was dispensed.