

**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  
2011-2012 school year.

Name of Medication \_\_\_\_\_

Dosage and time interval \_\_\_\_\_

Date medication is to begin: \_\_\_\_\_

Date medication is to end: June, 2012 \_\_\_\_\_

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.