

Saint Michael School
Request to Administer Medication
School 2009-2010

As parent of _____, I give permission and authorization for the school administration to administer medication for the above student.

Instructions for administering the medication are as follows:

Please Print:

Kind of medication:

Time to be given:

Dosage:

Doctor to notify if there is a question:

Name _____ Phone _____

Date

Parent Printed Name

Parent Signature

It is the policy of St. Michael School that students can not have prescription medications or over the counter medications in their lunch, school bags, school bus, or classroom. If your student will need Tums, Tylenol, Advil, Motrin on a regular basis, please send this to school in a bottle or baggie clearly marked with student's name. At the end of each school year this medication will be available for parents to pick up or it will be destroyed.