

**SCHOOL HEALTH SERVICE**

**Authorization for Medication during School Hours**

If your child must receive any medication during school hours and if you cannot come to school to administer the medication, a single dose of prescribed medicine can be sent to school under the following conditions:

The single dose of medication must be plainly marked with the child's name, name of medication and the dosage. The medication shall be held in the health room. It will be the student's responsibility to go to the school nurse in the health room at the correct time and request and administer the medication.

**The prescribing physician must complete the following:**

1. Child's Full Name: _____
2. Medication Prescribed: _____
3. Prescribed Dosage: _____
4. Time of Day Schedule: _____

I certify that it is imperative that the medication prescribed above be taken during school hours.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

I do hereby release, discharge, and hold harmless, St. Michael the Archangel School, its agents and employees, from any and all liability and claim of whatsoever nature for the administration of the above medication to my child and for any and all injuries resulting therein.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**