



STUDENT'S NAME _____ GRADE _____
 (siblings require separate forms)

SAINT ROSE SCHOOL
 2011 – 2012 SCHOOL YEAR

AUTHORIZATION TO ADMINISTER MEDICATION
 (NO MEDICINE MAY BE GIVEN WITHOUT WRITTEN AUTHORIZATION)

Please complete and return this form if you wish to authorize St. Rose School to administer your child/children medication at school. All medications must be provided in original containers. No aspirin will be given at school. **Allergy medications should be given by the parents before and after school. 12 and 24 hour doses are now available for children.**

I hereby authorize officials at St. Rose School to supervise the below-stated medication/medical procedure (including prescription and non-prescription):

Medication: _____

Procedure: _____

Duration: start date: _____ end date: _____

Medication: _____

Procedure: _____

Duration: start date: _____ end date: _____

Medication: _____

Procedure: _____

Duration: start date: _____ end date: _____

Doctor's Name: _____ Phone Number: _____

Precautions and reactions to observe and report: _____

ALL MEDICINES, PRESCRIPTION AND NON-PRESCRIPTION (including cough drops), MUST BE KEPT IN THE SCHOOL OFFICE – NEVER WITH THE STUDENT OR IN THE STUDENT'S DESK, BACKPACK OR LUNCH CONTAINER. Medications must be provided in the original container, identifying the name and telephone number of the pharmacy, the student's name, physician's name, and dosage of the medication. I understand that St. Rose School and the individuals involved will not be held liable from any adverse effects of the medication.

St. Rose School prefers **NOT** to administer medication. When possible, please administer medications before your child arrives at school. Any medication(s) not picked up at the end of the school year will be destroyed.

Parent's Signature: _____ Date: _____

Print Last Name: _____

Phone number(s) where parent(s) can be reached during school hours
 Home# _____ Work# _____ Cell# _____

RETURN THIS FORM **ONLY** IF YOU ARE AUTHORIZING TO ADMINISTER MEDICATIONS.