



Saint Denis-Saint Columba School

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Tel: 845-227-7777 Fax: 845-226-8470 Website: www.stcolumba.net

*A Holy Ground of
Loving and Learning*

PARENT PERMISSION FOR IN-SCHOOL MEDICATION

Student _____ Grade ____ Room ____ ID# _____

Date: _____

I give permission to the school nurse or designated school personnel to administer _____ as prescribed by the physician. (Physician prescription attached.)

This medication is to be administered as ordered during the current school year. Any changes from the physician to the medication order will need to be given, in writing, to the school nurse.

The medication is furnished by me in the properly labeled original container from the pharmacy. I have provided the medication in the dosage ordered.

I hereby release the designated school personnel and the Board of Education of any liability relative to the administration and/or reaction of the medication on the above named student.

Parent/Guardian Signature

Home phone _____
Work phone _____
Cellular Phone _____

Times and dosage of any and all medications taken at home