

St. Therese of Jesus Catholic School
Medication Authorization Form



If your physician requires medication to be administered to your child during the school day, please complete this form return it to the school. St. Therese of Jesus Catholic School cannot administer medication to your child without this completed form.

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

I hereby give permission for St. Therese of Jesus Catholic School employees to administer the following medication(s) to my child/ward in accordance with the written instructions of my physician. I agree to provide all medication in the original container from the pharmacy directly to the school office. I also agree to inform my child/ward's teacher of any prescription inhalers and/or anaphylactic auto injectors (EpiPens) that my child/ward will need to bring to class. I understand that St. Therese of Jesus Catholic School and their employees are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration of these medications.

Parent/Guardian Signature: _____

Date: _____

The following section is to be completed by the student's physician

Medication: _____

Dosage: _____ Time(s) to be taken: _____

Number of days: From _____ To _____.

Side effect(s): _____

This medication must be taken during school hours: () Yes () No

Signature: _____

Date: _____ Phone: _____