HOLY SPIRIT
PREPARATORY SCHOOL

Authorization to Give Medication at School

2016-17

If medications can be given at home or after school hours, please do so. However, if medication must be given during school hours, this form must be completed.

STUDENT NAME	
TEACHER	GRADE

I hereby request that Holy Spirit Preparatory School, through its designated authority, supervise/assist in the administering of medication to my child, according to the instructions contained on the statement below. I understand that:

- Medications must be in the original labeled container (no baggies, foil, etc.)
- Parent /guardian must provide specific instructions, as well as the medication and related equipment to the principal, or clinic personnel.
- It will be the responsibility of the parent / guardian to inform the school of any changes. New medication or new doses will not be given unless a new form is completed.
- All medication will be taken directly to the office / clinic by the parent.
- Medications must be picked up at the end of the year, or will be disposed of by the school.

NAME OF MEDICINE	DOSAGE AND TIME OF ADMINISTRATION
STOP MEDICATION ON (ENTER DATE)	CHILD'S MEDICATION ALLERGIES
PHYSICIAN'S NAME	PHYSICIAN'S PHONE

I release the school board, the school, and any school employee from any liability for administering this medication.

PARENT/GUARDIAN SIGNATURE	DATE

HOME PHONE	CELL PHONE	WORK PHONE

To be completed by Health Care Provider for long term medications (more than two weeks):

CONDITION REQUIRING MEDICATION	POSSIBLE SIDE EFFECTS, IF ANY
SIGNATURE OF HEALTH CARE PROVIDER	DATE