

St. John Bosco Catholic School

Parental Consent for Giving Prescription Labeled Medications at School

Student Name: _____ DOB: _____

Grade: _____ Teacher: _____ Date: _____

All medications must be delivered to the school by the parent/guardian in the original prescription container labeled by the pharmacist with your child's name, name of medication, amount to be given, time of day to be given, and the name of the licensed prescriber. If any changes in medication or dosage occur, the Health Office must be notified immediately, and a new form be completed along with a new prescription bottle.

The medication is to be given in the following manner:

Name of Medication: _____ Strength of Medication: _____

Dosage: _____ Route: _____ Time: _____

Reason for Medication: _____

Start date: _____ End date: _____ Known Allergies: _____

I authorize St. John Bosco Catholic School to administer the medication according to the instructions listed above, to the child listed above. I will assume full responsibility for the supply, appropriate transportation, and maintenance of above medication

Parent/Guardian: _____ Signature: _____

Phone: _____ Date: _____

Emergency Contact: _____ Phone: _____