



ST. CECILIA

CATHOLIC SCHOOL

ADMINISTRATION OF MEDICATION FORM (PRESCRIPTION MEDICATION ONLY)

Per St. Cecilia School policy, no prescription medication may be administered at school unless this form is **completed and signed by the student's parent/guardian AND physician. This form will be kept on file and must be updated each school year.**

Medication should be sent to the office in the original container labeled with the child's name along with this form. The form may also be faxed to the school office at (859) 363-4315.

PLEASE NOTE THAT STUDENTS ARE NOT PERMITTED TO CARRY OR DISPENSE THEIR OWN MEDICATION.

Student's Name _____

Medication to be administered _____

Time(s) Student is to receive the medicine _____

Dosage/Instructions for administration _____

Possible side effects to watch for _____

Expiration date of this request _____

Physicians Signature _____

Physicians Phone Number _____

I hereby request and give my permission to St. Cecilia to administer the medication listed above to my child.

Parent/Guardian Signature _____

Date _____