

Archdiocese of San Antonio  
Catholic Schools Office  
**MEDICATION PERMISSION REQUEST FORM**

According to the policies of the Archdiocese of San Antonio, students are not allowed to carry medication on their person, including non-prescription medications. (The only exception is that, by physician direction, a student may be allowed to carry and self-administer inhaler medication). Medications will be maintained and dispensed by appointed school health coordinators. The following steps must be taken before a student is allowed to take medication at school:

1. Parent/guardian must present this completed consent form to the school
2. Parent/guardian must bring the medication in the original prescription bottle, properly labeled by a registered pharmacist as prescribed by law.

Medication may be given by school personnel provided that the prescribing health care provider completes this form.

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of birth: \_\_\_\_\_ School: \_\_\_\_\_

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**TO BE COMPLETED BY HEALTH CARE PROVIDER**

Medication #1	Name	Strength	Dose	Time (at school)	Route

Medication #2	Name	Strength	Dose	Time (at school)	Route

Medication #3	Name	Strength	Dose	Time (at school)	Route

Allergies: \_\_\_\_\_

Special instructions: \_\_\_\_\_

\_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_ Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

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**TO BE COMPLETED BY PARENT**

I, \_\_\_\_\_, request that my child be given the above medication as directed. (Printed Name)

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_