

**St. Ignatius School
Medication Form**

Request for School Personal to Administer Medication

Please complete all information on this form and return to the school office.

1. Child's Name _____ Grade _____
2. Medication to be administered _____
3. Dosage _____
4. Purpose of Medication _____

5. Time of day medication is to be given _____
6. Anticipated number of days medication to be given during school hours _____
7. Possible side effects _____

My signature authorizes the school secretary, principal, or designee to administer the medication, as stated on this form, to my child _____, and that any side effects from the medication are not the school's responsibility.

Physician's Signature

Date

Parent's Signature

Date