

Holy Cross Catholic School

**REQUEST FOR THE ADMINISTRATION OF
MEDICATION AT SCHOOL**

Dear Parent:

In keeping with the Diocese of Victoria policy for administration of medications, the following conditions must be met before a school employee shall be authorized to administer medication to your child:

1. A signed request to administer the medication to a student has been provided by a parent, legal guardian, or other person having legal control of the student.
2. A written doctor's request to administer medication when medication is to be given or stored at school for longer than 10 (ten) days.
3. All medications are in the original container, properly labeled, stating:
 - a. Name of student
 - b. Name of medicine
 - c. Dosage to be administered
 - d. Time to be administered

For the safety of **ALL** children, this form and medications must be turned in to the school office by an adult.

Name of Student: _____

DOB: _____ Grade: _____

Teacher: _____

Name of Medication: _____ Dosage: _____

Frequency: _____ Time needed at School: _____

*Special Instructions: _____

*Add any additional information required for this procedure. _____

*Physician's Signature

Print Physician's Name

Phone Number

I, the parent/guardian of _____, request that the medication described on this form be administered as ordered during the school day. The medication is furnished by me and is in its original container and the container is properly labeled.

Signature: _____

Date: _____