

Parental Consent for Medication Administration for their Child

Date: _____

School: Christ the King

Student: _____

Grade: _____

My child is to receive _____ medication according to
the physician's directions given for _____ .

The treatment will last _____ .

My child has _____ drug allergies.

I give my permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication.

I understand and acknowledge that any medication to my child during school will more than likely not be administered by a registered nurse or other medical professional. In consideration of the school administering medication to my child pursuant to this authorization, I hereby release and hold harmless the school, the Archdiocese of St. Louis, and their employees, agents or representative, from any liability that may arise from administering medication to my child.

Signature: _____

Relationship to student: _____

Physician Contact Information: _____