## RESURRECTION CATHOLIC SCHOOL

## Release for medication to be administered at school School Year: \_\_\_\_\_

Student's name:		Date of birth:
Teacher:		Grade:
Medication:		Dosage:
Diagnosis/Reason for	Medication:	
Time of day medication	n is to be given:	
Possible side effects:		_ Anticipated number of days medication
will be given at school: days weeks end of school year		
Is the student allergic to any medication?		
Date: F	Physician Signature:	
		to take the nd that it is my responsibility to furnish this
Date: Pa	arent Signature:	

**NOTE:** the medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage and number of days to be administered <u>at school</u>.