

**OUR LADY OF GRACE CATHOLIC SCHOOL  
MEDICATION AUTHORIZATION**

I request that my child be administered the prescription (or non-prescription) listed below according to the designated guidelines:

NAME OF CHILD \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIMES TO BE TAKEN \_\_\_\_\_

DURATION \_\_\_\_\_

POSSIBLE SIDE EFFECTS \_\_\_\_\_

1. A properly completed physician's statement must accompany this permit for prescribed medication.
2. The prescribed medication must be in the original container and have the affixed label including the student's name. Non-prescription medication must also be in the original container.
3. This record will be kept in the student's file.
4. A new permit needs to be signed for each prescription.
5. The medication will be kept in the school office until the student needs to use it.

This releases and hold school personnel harmless from any and all liability for damages or injury/resulting directly or indirectly from the presence of the medication in the school or its use by my child.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

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