



# Authorization to Give Medication

In order for school personnel to administer any type of medication to your daughter at school, we must have on file a signed affidavit giving us your permission. The medication should be sent to school with complete instructions and in its original container with the original prescription label attached. Please be sure to complete all information that is listed on the form below before returning it to school.

*This form should be completed for each prescription and/or over-the-counter medication (cough drops, aspirins, etc.) that your daughter must take during school hours.*

## Presentation Academy | Authorization to Give Medication

Date: \_\_\_\_\_

I hereby request school personnel of Presentation Academy to give my child the medication listed below as Instructed.

Student's name: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Starting date for medication: \_\_\_\_\_ Ending date for medication \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) for dosage: \_\_\_\_\_

Medication storage requirements: \_\_\_\_\_

Prescribing physician's name/phone: \_\_\_\_\_

*Signing this form shall release Presentation Academy, its personnel, the Archdiocese of Louisville School System and its personnel from any liability from administering the above medication to your child.*

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_