

This form must be printed, filled out and sent or faxed to school. The fax number is 486-4732. This form cannot be sent via email because a signature is required.

Student Name: Classroom:

Parent/Guardian: Phone:

I (We) as parent/guardian of the above named student authorizes the personnel of St. John's School to give my child the following **non-prescription medication** should it be necessary: Yes No

Ibuprofen Tylenol Tums Cough Drops

Maalox Benadryl Other

I (We) as parent/guardian of the above student authorize the personnel of St. John's School to give my child **prescription medication** should it be necessary: Yes
No

I (We) understand that both non-prescription and prescription medications will be sent in its original container with a proper label that includes: name of student, room #, name of medication, dosage, and frequency of administration. All medications will be turned into the school office. **All prescription medications require a physician's written order.**

I (We) understand that if this form is not signed and returned to the school office, my child will not be given any medications at school.

I hereby release the personnel of St. John's School from any liability arising from the administration of non-prescription and prescription medications.

Parent/Guardian Signature: Date: