

## Medication Authorization Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

I authorize Saint Agnes to administer: \_\_\_\_\_  
Name of Medication

Dose of medication: \_\_\_\_\_

Time to administer: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

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

For the safety of your children, the school will not be purchasing over the counter medication, i.e. Advil, Tylenol, etc., it must be sent in with the child.

Thanks,

Saint Agnes Administration