

Medication Authorization Form
2020-2021 school year

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., to give to students. Any medication must be sent in with the child.

Thanks,

Saint Agnes Administration