



## St. Francis of Assisi Preschool Back to School Form 2015-2016 Authorization for Giving Medication at School

**This form is required if any medication needs to be dispensed to a student during the school day. Complete the form and return before medications can be given.**

I request and authorize school personnel to give my child, \_\_\_\_\_

the following medication prescribed by \_\_\_\_\_  
Doctor or authorizing adult / phone number

and to administer according to the written instructions on the medication container and/or this written authorization.

Name of Medication	Amount to be Given	Times to be Given
_____	_____	_____
_____	_____	_____

Other instructions concerning medication or administration of medication:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Side effects to be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature of Physician (if prescription medication)

\_\_\_\_\_  
Date Signature of Parent/Guardian