



Standard Health Room Prescription Medication Administration to the Child

Date: _____

St. Gerard Majella School

Student: _____

Grade: _____

My child is to receive _____ medication according to the
physician's directions given for _____.

name of medication

reason for medication

The treatment will last _____.

provide dates

- ☐ No, my child does not have drug allergies.
- ☐ Yes, my child does have drug allergies which include _____

As per the SGM Parent/Student Handbook (page 24) Prescription medication must be brought to school in a container appropriately labeled by the pharmacy-the current prescription. The pharmacy labe on the container may serve as a physician's orders. School personal will NOT administer the first does of medication.

I give my permission for this medication to be administered to my child at school. The school has my permission to call the physician with any questions regarding the medication.

I understand and acknowledge that any medication administered to my child during the school hours will more than likely not be administered by a registered nurse or other medical professional. In consideration of the school administering medication to my child pursuant to this authorization. I hereby release and hold harmless the school, the Archdiocese of St. Louis, and their employees, agents or representatives, from any liability that may arise from administering medication to my child.

Parent Signature: _____

Parent Printed Name: _____