

This form is designed to assure parents and to protect children in need of receiving medication during the school day. Please understand that no child will be allowed to carry or dispense medication on their own. ALL medication must be given to the office in the original container with the child's name on the container and this permission form accompanying it that gives specific instruction for administering.

DATE _____

STUDENT'S NAME _____ TEACHER _____

I hereby give my permission to the staff at Holy Spirit School to dispense medication prescribed by Dr. _____ for my child, beginning _____ ending _____.

Name of medication: _____

Special instructions for dispensing: _____

If there are any side effects of this medication, please indicate: _____

Parent/Guardian Signature

Home Number/Work/Cell



"...I will demonstrate my faith to you from my works." James 2:18b