



Presentation of Mary Academy

Private Catholic Coeducational Academy Kindergarten through Grade 8

Permission Form for Dispensation of Medication and/or Medical Procedures to Students

Name of School: Presentation of Mary Academy

Student Name: _____ **Grade** _____

Date of Birth _____ **Age** _____ **Gender** _____

Parent/Guardian _____

Address: _____ **City** _____ **Zip** _____

Phone Number _____ **Work Number** _____

Name of Medication/Lotion/Cream: _____

*Under no circumstances will the School administer medication to a student
unless it is sent to school by the parent in its original container.
Prescription and Non-Prescription Medications must be sent to school in original container.
Medications will not be dispensed to students unless they are in the original container.*

Dosage _____ **Time of Administration** _____

Duration – Please indicate the length of time your child will be on this medication:

Today's Date _____

Begin Medication on (Date) _____ **End Medication on (Date)** _____

Special Instructions for Administration of Medication:

Medication Prescribed by: _____

Doctor's Signature needed for Prescription Medication(s): _____

Parent Permission

I hereby authorize the designated staff person to administer the above-prescribed medication/procedure according to the directions. In consideration for this service, I/we further hereby agree that I/we will not hold liable, and will otherwise hold harmless, Presentation of Mary Academy and/or any employee thereof for any death or injury resulting from the administration or assistance in the administration of the medication described above. I also understand, if necessary the School Nurse and/or Principal has permission to share information relative to the health of my child with other staff members in order that my child receive medical treatment when necessary during school hours or extended daycare program.

Signature of Parent/Guardian _____ **Date** _____