



Saint Philip School

Teaching truth, building community, and inspiring service

Medication Authorization

As of July 2015, all medications including prescriptions and OTC (over-the-counter) require a physician's signature. Medication orders must be renewed prior to the start of each school year.

Student Name: _____ Date of Birth: _____

Home Address: _____ Home Phone: _____

_____ Cell Phone: _____

School: _____ Grade: _____ Teacher: _____

I understand that special permission is required for the use of medication by students during the school hours. I request that my child be given the medication described below:

Medication: _____ (please check one) Daily: ____ As needed: ____

Dose: _____ Route: _____ Time: _____ Frequency: _____

Diagnosis/Reason for medication: _____

Allergies: _____

Other information: _____

**This medication must be supplied by the parent/guardian and be in a properly labeled and/or original container.

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____

Physician Name: _____
(please print)

Nursing Signature: _____ Date: _____

****No medications will be allowed to be transported by students.****