Holy Spirit Catholic School Medication Request Form



Each student is required to have a medication request form on file <u>each year</u> for medications that need to be administered during the school day. Medication must be in the original container and properly labeled with the student's name.

STUDENT NAME:	GRADE:	
Over the Counter Medication		
Medication: Dosage: Special Instructions: Start / End Date:	Reason for taking: Time to be given:	
Prescription Medication		
Medication: Dosage: Special Instructions: State / End Date:	Reason for taking: Time to be given:	
I authorize Holy Spirit Catholic School to as not hold liable any member of Holy Spirit C to assist my child in taking this medication. medication to my child previously, and he/sl effects.	atholic School staff or faculty v I am also stating that I have giv	who is directed by me en the above
Signature of Parent/Guardian	Phone Number	Date