

**ST. MICHAEL'S CATHOLIC SCHOOL
208 McLeod
Cuero, Texas 77954
361/277-3854**

MEDICATION CONSENT FORM

Dispensing Medication in School

1. Only medication which is necessary for a child to remain in school will be given during the school hours.
2. Only medication prescribed by a licensed physician or dentist and dispensed by a registered pharmacist will be administered during the school hours by authorized school personnel. Prescription medication must be properly identified with the prescription label from a pharmacy. This will include: student name, medication name, directions concerning dosage, route of administration (oral, topical, right eye, left ear, etc.), time that the medication is to be given, and length of time medication is to be given (duration).
3. Non-prescription medication (including cough drops) must be in its original container, with visible directions, and displaying the student's name. The parent request for administration of these must be consistent with directions for use on the package.

Student's Name _____ Date _____

Physician's/Dentist's Name _____

Name of Medicine _____ Dosage _____

Directions for Administration _____

Duration medication is to be given _____

I understand that this medication will be given by the school principal or the principal's designee. I further release the school and its personnel from any liability resulting from any untoward effects that this medication may cause when dispensed at school. I understand that if I do not agree to and sign the medication consent form, that the medication will not be administered at school.

Parent's Signature _____ Date _____