



# STUDENT MEDICATION REQUEST

## PARENTAL PERMISSION

Prescribed student medication is to be presented to the office and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and the frequency.

I \_\_\_\_\_ being the parent/guardian

of student \_\_\_\_\_ request

St Brigid's School administer the following medication:

Name of Medication: \_\_\_\_\_

Treating Condition: \_\_\_\_\_

Dose: \_\_\_\_\_

Time to be taken: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use:**

**Administered by:** \_\_\_\_\_