



## St. Cecilia School Administration of Medication Form

Per St. Cecilia School policy, no medication may be administered at school unless this form is completed and signed by the student's parent AND physician. **This includes prescriptions and over-the-counter medications.** This form will be kept on file and must be updated each school year.

Medication should be sent to the office in the original container labeled with the child's name along with this form. The form may also be faxed to the school office at 859-363-4315. Please note that students are NOT permitted to carry or dispense their own medication.

Student's Name \_\_\_\_\_

Medication to be Administered \_\_\_\_\_

Time(s) Student is to receive the medicine \_\_\_\_\_

Dosage/Instructions for Administration \_\_\_\_\_

Possible side effects to watch for \_\_\_\_\_

Expiration date of this request \_\_\_\_\_

**Physicians Signature** \_\_\_\_\_

**Physicians Phone Number** \_\_\_\_\_

*I hereby request and give my permission to the principal or other St. Cecilia staff member to administer the medication listed above to my child.*

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Other notes/instructions: