



Holy Family Elementary School - 1800 Milner * Hays, Kansas 67601 * 785-625-3131 * Fax 785-625-2098

IF MEDICATION IS TO BE ADMINISTERED AT
SCHOOL, PLEASE COMPLETE THIS FORM AND
SEND IT WITH THE MEDICATION.
THANK YOU.

Request for Medication to be Administered
During School Attendance

Name of Student _____

School _____ Grade _____

Teacher _____

Medication _____ Dosage _____

Date Medication Started _____ Reason for Rx: _____

Time of Day Medication is to be given. _____

Anticipated number of days to be administered at school. _____

AUTHORIZATION

I hereby give my permission for (child's name) _____

To take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of any adverse drug reaction suffered by the student because of administering such drug.

Date _____

Signature of Parent or Guardian _____

NOTE: The medication is to be brought to school in the original container appropriately labeled by the