



MEDICATION PERMISSION

The form below must accompany **any** medication to be given to your child during the school day. A separate form should be filled out for each type of medication and for each child in your family. The form will be kept on file for the current school year. Additional forms are available from the office or on-line at our school website (sjaschool.org). Medication must be in its original container and labeled for your child. Prescription medication must have a pharmacy label indicating the physician's name, child's name, instructions and the name and strength of the medication. It will be given in accordance with these instructions. Thank you for your cooperation.

No medication can be given without this form on file in the office

**ST. JOSEPH ACADEMY
MEDICATION PERMISSION**

No medication can be given without this form on file in the office

I hereby give permission to the staff at Saint Joseph Academy to administer medication to my child.

Name of child: _____

Name of medication: _____

Quantity to be given: _____

Time of day to be given: _____

Date/s to be given: _____

Parent/Guardian signature _____

Date _____

Medication Log

<u>Date</u>	<u>Time</u>	<u>Medication</u>	<u>Quantity</u>	<u>Person giving Medication</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____