

**Saint Benedict Catholic School**  
**Administration of Prescription Medication**

Student: \_\_\_\_\_

Prescription Medication and dosage: \_\_\_\_\_

\_\_\_\_\_

Time to be given: \_\_\_\_\_

Method of administration: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Special instructions: \_\_\_\_\_

I give permission for my child named above to be administered the above medication by school personnel as designated by the school. I release the Archdiocese of Mobile, Saint Benedict Catholic School and the school personnel from any liability associated with the administration of this medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_