

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 _____