

SAINT JOHN XXIII CATHOLIC SCHOOL COMMUNITY

ADMINISTERING MEDICINE TO STUDENTS
Permission for School Nurse to Dispense Medication at School

Student Name: _____ **Grade:** _____

Teacher: _____

I (*print name*), _____, the parent/
legal guardian of the student listed above, give my permission for the school nurse to
dispense the following medication(s) to him/her at Saint John XXIII Catholic School
as noted:

Type(s) of Medication: _____

Diagnosis/Reason for Giving: _____

Time to be given: _____ a.m. _____ p.m. **As needed:** _____

Parent or Guardian Signature

Date

Emergency Telephone Numbers (*please note if number is home, work, cell, etc., whose
number it is (mom, dad, nanny, etc.) and list them in the order they should be called*):

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____