



Saint Bridget School Clinic
email: clinic@saintbridget.org
fax: 288-5730

Policy for Administering Medicine at School

Before Saint Bridget School personnel may dispense any medication, the parent/guardian/custodian must sign this authorization and release form. A physician's signature is also required on this form for a prescription medication. The student is responsible for coming to the clinic at the appropriate time for their medication. Students are not allowed to have the medicine in their possession at any time. Parents are responsible for providing medication in the original container. Prescribed medicines should be in the original pharmacy labeled container. (Please initial _____)

Permission to Administer Medication

Student Name: _____ Date: _____

Medication: _____ Dosage: _____

Time medication to be given: _____

Number of days medication is to be given: _____

Purpose of medication: _____

Possible side effects: _____

I give permission for the clinic at Saint Bridget School to administer the above named medication to my child.

Signature of Parent: _____ Date: _____

Signature of Physician (required if prescription) _____ Date: _____

May we share this information with the appropriate staff? Yes _____ No _____

****Please Note:** If any revisions to the above request occur, a written revised statement must be submitted to the clinic. Thank you.