St. Theresa Catholic School

6311 Baseline Rd
Little Rock, AR 72209

Phone: 501-565-3855
Fax: 501-565-9522
Email: schooloffice@stslr.org

MEDICATION ADMINISTRATION RELEASE FORM

I request that you give medication to my child during the school day in accordance with Board policy printed below. You are authorized to delegate this authority to another person if so desired. I will not hold the school staff responsible for any undesired reaction which may occur from the medication.

I agree to pay for ambulance service if used to transport my child from school to the doctor or hospital should he/she have a reaction to the medication.

A CONSENT FORM MUST BE SIGNED BEFORE MEDICATION WILL BE GIVEN AT SCHOOL.
HANDWRITTEN NOTES ARE NOT ACCEPTABLE.

Student's Name _____

Grade _____ Time for medication to be given _____

Name of Medication _____Dosage_____

For treatment of following illness _____

In case of emergency call _____Phone _____

Hospital to be called _____ Phone _____

Doctor to be called _____Phone _____

Please list any allergies to food or medication _____

_____

_____
Parent/Guardian Signature

_____
Date