

# Blessed Sacrament School

## Medication Procedure Form

**STUDENT INFORMATION:** This section must be completely filled out.

\_\_\_\_\_  
Student's name

\_\_\_\_\_  
Birth date

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
School Year or Effective Dates

\_\_\_\_\_  
Time/ Frequency

\_\_\_\_\_  
Reason for Medication

### PARENT CONSENT

1. I request that this medication/procedure be administered at school.
2. Medication will be supplied in its original, properly labeled container.
3. This order is in effect for this school year unless otherwise indicated.
4. I will notify the school in writing of any changes.
5. I release Blessed Sacrament School from any liability claims as a result of the administration of this medication or procedure as directed.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Telephone #

\\Medication-Immunization Forms\Medication Procedure Form

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