



Father Martin Cioppi, Pastor
Father Jerome Wild, Pastor
Ms Christine Pagan, Principal

"Do Small Things With Great Love"
- Mother Teresa

AUTHORIZATION FOR PRESCRIPTION MEDICATION DURING SCHOOL HOURS

(a signed doctor's note on their letterhead must accompany this form)

Name of Student: _____ DOB: _____ must receive the following **PRESCRIBED MEDICATION** during school hours in order to maintain sufficient health for participation in the school program:

Name of Medication _____

Prescribed Dosage _____

Time Schedule _____

Length of Time (days/weeks) _____

Reason for Administration* _____

Possible Side Effects _____

Signature of Medical Practitioner

Date

NOTE: Medication must be supplied in the original prescription container. Ask pharmacist to divide the medication into two completely labeled containers, providing one for home and one for school. Parent/Guardian will need to count tablets with a school official when it is dropped off

Parental Permission (To Be Completed by Parent(s)/Guardian(s))

I grant the administrator or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided during the school day, including when

_____ is away from school property on official school business. I do hereby release, discharge, and hold harmless Mother Teresa Regional Catholic School and the Archdiocese of Philadelphia, its agents and employees, from any liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

(Signature of Parent(s)/Guardian(s))

(Date)

Cell Phone Number: _____ Work Phone Number: _____



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****Emergency medications, i.e. inhalers and EpiPens may be carried by school age students with parent/guardian's and medical practitioner's permissions.***

Name of Student: _____ **has permission to carry and self-administer this prescription medication.**

Signature of Parent/Guardian

Date

Name of Student: _____ **has demonstrated the ability and is qualified to safely self-administer this prescription medication.**

Signature of Medical Practitioner

Date