

**PARENTAL REQUEST FOR GIVING MEDICATIN AT ST. AUGUSTIN
CATHOLIC SCHOOL**

I _____ PARENT;GUARDIAN REQUEST
(Print first and last name)

THAT THE NURSE, OR THE PERSON WHOM THE PRINCIPAL DESIGNATES,

SEE THAT MY CHILD, _____,
(Please Print First/Last Name) Grade/Homeroom Teacher

MEDICATION _____ DOSAGE?AMOUNT _____

TIME(S) OF DAY TO BE
GIVEN _____

DURATION (NUMBER OF DAYS) _____

ILLNESS/CONDITION REQUIRING MEDICATION _____

PRESCRIBING PHYSICIAN _____

THE MEDICINE IS TO BE FURNISHED BY ME, IN THE ORIGINAL CONTAINER,
AND LABELED WITH THE CHILD'S NAME.

Signature of Parent/Guardian

Date

Mary Joss, the school nurse, can be reached on Tuesdays mornings. Her number is 279-5947