

St. John Regional Catholic School

15 So. Garand Street, Winslow, Maine 04901 (207) 872-7115

**AUTHORIZATION TO DISPENSE MEDICATION
(PRESCRIPTION & NON-PRESCRIPTION)**

I hereby authorize St. John Regional Catholic School to administer the following medication to

(NAME OF CHILD)

Name of medication _____

Reason for medication _____

Dosage _____ Time to be administered _____

Continue this medication until _____
(DATE)

Medicine must be in a clearly labeled original prescription container with the child's name and medication on it. Only the dosage to be administered during one school day should be sent to school with your child.

I have given the first dosage on _____
(DATE)

This medication is necessary to the child's health and must be taken during school hours.

(Signature of prescribing M.D. required for prescription medicine.)

Signature of Parent or Guardian

Date

A SEPARATE FORM SHOULD BE USED FOR EACH CYCLE OF MEDICATION