

SACRED HEART ACADEMY BRYN MAWR

Permission to Administer Medication in School

Dear Parents,

Prescription medication given during the school day requires a note from your daughter's physician, so that we may safely administer this medication during school hours. Please return this form to the appropriate school director along with your daughter's medication on or before the first day of school.

The following information is to be completed by your health care provider.

Student Name: _____

Date of Birth: _____

Reason for medication: _____

Medication name and dose: _____

Route of administration: _____

Begin date: _____

Stop date: _____

Physician's Signature: _____

Office Stamp: _____

Date: _____

Parent Signature: _____

Date: _____