

School Year: \_\_\_\_\_

School/Center: St. Elizabeth School  
Address 14 W. 75<sup>th</sup> Street Kansas City, MO 64114  
Phone & Fax: (816) 523-7100 fax: (816)523-2566

### Consent for Medication

*(Consent is for current school year only) (Renew at beginning of the school year)*

Name of Child: \_\_\_\_\_ DOB \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis/Reason for Medication(s) (prescription and over-the counter):  
\_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis/Reason for Medication(s) (prescription and over-the counter):  
\_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Diagnosis/Reason for Medication(s) (prescription and over-the counter):  
\_\_\_\_\_

SPECIAL INSTRUCTIONS/COMMENTS:  
\_\_\_\_\_

**PLEASE NOTE: MEDICATION CANNOT BE DISPENSED FROM UNLABELED CONTAINERS. ALL PRESCRIBED MEDICATION MUST BE SENT IN A LABELED PRESCRIPTION CONTAINER FROM THE PHARMACY. ALL OVER-THE-COUNTER MEDICATION MUST BE PROVIDED IN THE ORIGINAL MANUFACTURER'S CONTAINER AND LABELED WITH THE STUDENT/CHILD'S NAME AND DOSAGE. EXPIRED MEDICATIONS CANNOT BE ADMINISTERED.**

**STUDENTS/CHILDREN ARE NOT ALLOWED TO CARRY MEDICATIONS (PRESCRIPTIVE OR OVERTHE-COUNTER) WITH THEM. ALL MEDICATIONS ARE TO BE KEPT WITH SCHOOL/CENTER STAFF MEMBERS. STUDENTS/CHILDREN WITH PROPER AUTHORIZATION MAY BE ALLOWED TO CARRY AND SELF-ADMINISTER ASTHMA OR OTHER MEDICATIONS FOR LIFE THREATENING CONDITIONS. (Contact the school/center staff for more information).**

**PARENT/GUARDIAN PERMISSION:** I hereby give my permission for designated school/center personnel to administer the medication described above as directed by the licensed health care provider. I accept responsibility for immediately notifying the staff of any change in these instructions. Further, I indemnify and hold harmless this school/center, parish, the Kansas City-St. Joseph Diocese and its employees or agents against any claim from the use of this/these medications.

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**