

Blessed Sacrament School  
515 Hillcrest Avenue  
Burlington, NC 27215  
Phone #: 570-0019  
Fax #: 570-9623

### AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Please list below the medication you would like your child to receive during school hours. Please note, each medication requires a separate form.

Prescription medications must be in a prescription-labeled container with your child's name, date, name of the medication, dosage schedule and physician's name. Over-the-counter medications must be in original packaging and labeled with your child's name.

I request that Blessed Sacrament School administer the following medication as prescribed to

\_\_\_\_\_  
Name of student

Grade \_\_\_\_\_

<u>Medication</u>	<u>Dosage</u>	<u>Time of Administration</u>	<u>Date Started</u>	<u>Date to Discontinue</u>
_____	_____	_____	_____	_____

Reason the medication is being administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Office Phone # \_\_\_\_\_

Address of Physician \_\_\_\_\_

Signature of Physician\* \_\_\_\_\_ Date \_\_\_\_\_

*Physician signature is required for any and all medicine administration. There will be no exceptions.*

I understand that Blessed Sacrament School undertakes no responsibility for the administration of this medication. I hereby release BSS employees from any and all liability that may result from my child taking the prescribed medication.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_