

**Medication Consent Form**  
**Catholic Diocese of Jackson**

**Saint Anthony Catholic School**

Student Name \_\_\_\_\_

**Physician's Order for Prescription**  
**Medication Administration**

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be given \_\_\_\_\_

The physician must be notified immediately if the following conditions or circumstances arise in connection with the administration of this medication.

\_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**Parent Request and Authorization**

I authorize the school to administer the above medication and release the school/center and its employees from any liability in administering the above medication according to stated dosage and times.

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Request and Authorization**  
**For Non-Prescription Medication**  
**Catholic Diocese of Jackson**

**Saint Anthony Catholic School**

Student Name \_\_\_\_\_

**Non-Prescription Medication Administration**

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Times to be given \_\_\_\_\_

**Parent Request and Authorization**

I authorize the school to administer the above medication and release the school/center and its employees from any liability in administering the above medication according to stated dosage and times.

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_