



ACADEMY of  
**NOTRE DAME**  
de NAMUR

INSPIRING YOUNG WOMEN  
SINCE 1856

### Permission for Medical Administration

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Diagnosis \_\_\_\_\_

Medication	Dose	Frequency/Time	Route
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Effective Date From \_\_\_\_\_ to \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

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

Medicine Allergies \_\_\_\_\_

Additional Pertinent Information \_\_\_\_\_

**\*\*Medicine must be in original prescription container with student's name, medicine, dosage, instructions for administration and healthcare providers name.\*\***

Parent Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_