

Over the Counter Medication Administration Permission Form



Georgia State Law prohibits a school from administering medication to students without written permission of their parent/guardian. This form must be filled out and delivered to the school office in person, via email to inforequest@sasphs.net, or by fax to 706-563-0211.

Medications listed below are available at our school clinic. All other over the counter medications must be delivered by the parent/guardian in the original bottle and signed in at the school office.

THE SCHOOL WON'T BE ABLE TO GIVE YOUR STUDENT ANY MEDICATION UNTIL THE FORM BELOW IS COMPLETED BY THE STUDENT'S PARENT/GUARDIAN.

Personal Information

Child's Name: _____

Grade: _____

CHECK HERE	MEDICATION	DOSAGE, ROUTE AND FREQUENCY	PURPOSE OF MEDICATION
	Benadryl		
	Ibuprofen		
	Tylenol		
	Other		

Parent/Guardian Request for Administration of Medication at St. Anne-Pacelli Catholic School

I request that my student, _____, receive the medication above.

I acknowledge that it is my responsibility to notify St. Anne-Pacelli when either the condition of my student may require a change in the dosage or the frequency of the administration of medication.

Parent/Guardian Signature _____ Date _____