TRINITY ACADEMY

SOUTH BEND

Medication Consent Form 2026-2027

I, _____, give permission for the office staff to dispense the medication/s listed below to my child, _____, for the 2025-26 academic year.

Medication/s and dosage instructions:

_____

_____

_____

Special instructions:

_____

_____

Parent Signature and Date:

_____