



# Authorization To Give Prescription Medication



AUGUST 2009– AUGUST 2010

I hereby request the personnel of St. Gabriel Child Care to give medicine to my child,  
\_\_\_\_\_. This medicine has been prescribed for my child by  
Dr. \_\_\_\_\_, whose address is  
\_\_\_\_\_.

These instructions should be followed in giving my child this medicine:

1. Type of medicine \_\_\_\_\_
2. Dosage \_\_\_\_\_
3. Time of day for dosage \_\_\_\_\_
4. Reason medication is to be given \_\_\_\_\_
5. Reactions or side effects (please list potential reactions the child might have to medication)  
\_\_\_\_\_  
\_\_\_\_\_

6. Physician's telephone number \_\_\_\_\_

7. Parents' telephone numbers:	Mother	Father
Home	_____	_____
Work	_____	_____
Emergency	_____	_____

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

Signing this form shall release St. Gabriel Child Care, St. Gabriel the Archangel Parish, St. Gabriel School System and staff members from any liability of any nature that might result from the administration of medication to the student.