



St. Joseph School

Permission to Dispense Medication Form

Date: _____

St. Joseph School has my permission to administer the following drugs and medication to:

Child's Name _____

Child's grade/teacher _____

Drug Name/Prescription # _____

Medication must be in the original packaging from pharmacy.

Dosage to be given _____ mgs. Or tablets _____

Time to be given _____

Dates to be given _____

Special Instructions:

Parent Guardian Signature _____

In case of emergency call _____