



PRAIRIE CATHOLIC SCHOOL
515 N. Beaumont Rd.
Prairie du Chien, WI 53821
Phone (608)326-8624 Fax (608)326-8627
Veritas, Fides, Unitas – Truth, Faith, Unity

*******SAVE FOR FUTURE USE*******

Physician Ordered Medication

- I hereby grant permission for my child to take medication at school, as ordered and authorize school personnel to contact my child's physician if necessary.
- I agree to provide the school with the medication in its original, properly labeled container.
- I agree to notify the school, in writing at the termination of this request or when any change in medication is necessary.
- I agree to release the school district, in which my child attends school, from any and all liability claims arising from the administration of this medication at school.

Parent/Guardian Signature

Date

Student's Name

Date of Birth

Student's Physician

Medication

Dosage/Time Taken

Dates to be taken

Start Date

to

Stop Date

Condition/Circumstances for which Medication is to be taken

I hereby grant the school permission to administer this medication. Please contact me if the following symptoms occur: _____

Physician's Name (print)

Physician's Signature and Date