

**Nazareth School Medication Record  
Parent's Authorization To Dispense Medication**

**Please administer the following medication to:**

**Student's name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Name of medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Continue medication through (date):** \_\_\_\_\_

All prescribed medication must be in its original container with the child's name clearly written on it. If a dispenser is needed, it must be furnished by the family.

The school staff will try to administer the medication as requested, but sometimes may not be able to due to other needs of the school or office. A parent or guardian may come to school to administer medication themselves, if they prefer.

**Signature of Parent:** \_\_\_\_\_

Amount	Time	Date	Initials