

Twin City Catholic Educational System

Seton Catholic Middle School
312 Nicolet Blvd.
Menasha, WI 54952
Phone: 920-727-0279
Fax: 920-727-1215

Medication Consent Form

Name of Student _____

Address _____

Name of Medication _____

Physician's Name _____

Physician's Phone Number: _____

Special Instructions (Dosage, Method, Frequency) _____

I hereby give my permission to school personnel to dispense the above medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold Seton Catholic Middle School harmless in any and all claims arising from the administration of this medication at school.

Signature _____ Date _____

Note: All medication must be in the original container with the original label.

Including any over the counter medicine also