

Twin City Catholic Educational System

St. Margaret Mary School

610 Division

Neenah, WI 54956

Phone: 920-729-4565

Fax: 920-729-4567

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 St. Margaret Mary 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

Medication Administered by School Personnel

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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