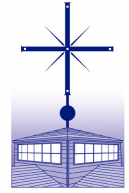




The Franciscan School



Authorization for Giving Medication at School

I request and authorize school personnel to give my child, _____
 the following medication prescribed by _____
Doctor or authorizing adult / phone number
 and to administer according to the written instructions on the medication container and/or this
 written authorization.

| Name of Medication | Amount to be Given | Times to be Given |
|--------------------|--------------------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Other instructions concerning medication or administration of medication:

Side effects to be aware of: _____

Date

Signature of Physician (if prescription medication)

Date

Signature of Parent/Guardian