

**Permission for Prescribed Medication (If needed during Religion Class Attendance)**

Reason For Medication: \_\_\_\_\_

Name Of Medication: \_\_\_\_\_

Form: tablet / capsule / liquid / inhaler / injection / nebulizer / Other: \_\_\_\_\_

Instructions (schedule & dose to be given at parish program): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Other: \_\_\_\_\_

Restrictions and / or important side effects: \_\_\_\_\_

Special Storage Requirements: \_\_\_\_\_ Student may carry medication: \_\_\_ No \_\_\_ Yes

Student is both capable and responsible for self-administering medication:

\_\_\_ No \_\_\_ Yes-Unsupervised \_\_\_ Yes-Supervised

**To be completed by Parent / Guardian (If needed during Religion Class attendance)**

I give permission for (name of child) \_\_\_\_\_ to receive the  
above medication at the parish program according to standard parish policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship