



# CATHEDRAL ACADEMY

## Physician/Parent Medication Authorization Form 2022-2023 School Year

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
AGE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ HOMEROOM \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_  
\_\_\_\_\_

Possible side effects \_\_\_\_\_

Anticipated number of days medication is to be given at school \_\_\_\_\_

Medications are dispensed at the nurse clinic in Building C.

\_\_\_\_\_  
Physician's Name (*please print*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Phone and Fax numbers

I hereby give my permission for \_\_\_\_\_ to take the above prescription at school as ordered. I understand that it is my responsibility of furnish this medication.

Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Parent's Emergency Number(s) \_\_\_\_\_

Parent's email(s) \_\_\_\_\_

**Note:**

*The prescription medication is to be brought to school in a properly labeled pharmacy container only.*