



Permission for Prescription Medications

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MEDICATION FORM

Saint Mary's Hall requires that all students who need medication during school hours be handed over to the School Nurse by the parent/guardian in the pharmacy-labeled container. Please refer to the SMH Medication Policy for appropriate medications and procedures. Contact the Health Office with any questions or concerns.

Student _____ Date of Birth _____

Medication	Dose	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Explain any restrictions and/or emergency measures to be followed:

TO BE COMPLETED BY THE PARENT

I, _____, give my permission for my child to receive the above medication as directed by the physician and administered by the School Nurse or her designee. Should a change in any of the above information occur, I understand that a revised, written physician's statement and parent authorization must be submitted.

Parent Signature Telephone Date